



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.



Keystone First

Coverage by Vista Health Plan,
an independent licensee of the Blue Cross and Blue Shield Association.

IBHS Assessment Registration Form

(Required for provision of Behavioral Consultant-ABA, Assistant Behavior Consultation-ABA, Behavior Analytic, and/or Behavioral Health Technician-ABA ONLY). NOTE: All sections of this form must be completed or the registration will not be processed.

If this is an Out of Network request, please submit via Fax: 1- 844-329-9100. In network providers submit via NaviNet

Enrollee: _____

DOB: _____

MAID# (10 digits): _____

Enrollee County: ☐ Bucks ☐ Chester ☐ Delaware ☐ Montgomery ☐ Philadelphia

Provider name: _____

Person completing form: _____

Provider address: _____

Provider phone: _____

Assessment Start Date: _____

Primary Diagnosis: _____

Date of Written Order/evaluation: _____

Date Written Order/evaluation received: _____

Prescriber Name: _____

Prescriber Credentials (check one):

☐ Licensed physician ☐ Licensed psychologist ☐ LPC ☐ CRNP ☐ Physician Assistant ☐ LCSW
☐ LMFT

Prescriber MA Provider ID: _____
(Please enter the 9-digit MA Provider #)

Provider NPI#: _____