



Keystone First

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

Keystone First – CHIP Behavioral Health Intensive Behavioral Health Services (IBHS) Discharge Summary Form

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

Enrollee Name: _____ CHIP ID #: _____

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

Provider: _____ Level of Care Being Discharged: _____

Date of Discharge: _____ Reason for Discharge: _____

Treatment Outcome: _____

Was a referral for aftercare services made? If so, when and to which service(s) was a referral made? Please also indicate any referrals to natural/community supports.

Aftercare Service	Provider	Provider Contact Name/Number	Appointment Date/Time	Date of Referral

Diagnoses at Discharge: _____

Medications Prescribed at Discharge: _____

Staff Completing Form: _____ Date: _____

☐ By checking this box, I acknowledge I have provided a copy of this document to the parent/Member/legal guardian.

County	Crisis Intervention (24 hrs/day, 7 days/week)
Bucks	800-273-8255
Chester	610-280-3270
Delaware	855-889-7827
Montgomery	855-634-4673
Philadelphia	215 686-4420