



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.

## Keystone First – CHIP Behavioral Health Intensive Outpatient (IOP) 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's Name: \_\_\_\_\_ CHIP ID#: \_\_\_\_\_

Provider: \_\_\_\_\_

Level of Care Being Discharged: ☐ Mental Health IOP ☐ Substance Use IOP

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

Treatment Outcome: \_\_\_\_\_

Were referrals for aftercare services or supports 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 Currently Prescribed at Discharge: \_\_\_\_\_

Staff Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

☐ By checking this box, I acknowledge I have provided a copy of this document to the Enrollee/Parent/Legal Guardian.