



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.

## **Intensive Behavioral Health Services (IBHS) Applied Behavioral Analysis (ABA) 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: \_\_\_\_\_

CHIP ID#: \_\_\_\_\_

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: \_\_\_\_\_

Provider NPI#: \_\_\_\_\_

(Please enter the 9-digit MA Provider #)