



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.

Proposed Treatment Plan for Initial Requests

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

Enrollee Name: _____ MAID #: _____ Date: _____

Proposed plan service type: ☐ Asst. BC-ABA ☐ BA ☐ BC-ABA ☐ BHT-ABA ☐ IBHS ABA Group

This form completed by: _____ Title: _____

Setting: ☐ H/C ☐ School

Problem Area: _____

Baseline: _____

Proposed Goal: _____

Target Date: _____

Setting: ☐ H/C ☐ School

Problem Area: _____

Baseline: _____

Proposed Goal: _____

Target Date: _____

Setting: ☐ H/C ☐ School

Problem Area: _____

Baseline: _____

Proposed Goal: _____

Target Date: _____

Setting: ☐ H/C ☐ School

Problem Area: _____

Baseline: _____

Proposed Goal: _____

Target Date: _____

Family Goals for Treatment:

Proposed Goal: _____

Proposed Goal: _____

Proposed Goal: _____