



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) ABA Provider Choice Acknowledgment Form**

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

Date: \_\_\_\_\_

Enrollee's Name: \_\_\_\_\_ MAID#: \_\_\_\_\_

Enrollee County:  Bucks  Chester  Delaware  Montgomery  Philadelphia

IBHS Level(s) of Care prescribed in the Written Order (or Best Practice Evaluation): \_\_\_\_\_

My signature below indicates I have been provided a copy of the *Intensive Behavioral Health Services (IBHS) Provider Listing* form and made aware of all in-network providers for my/my child's County of Medical Assistance eligibility. At this time, I am choosing \_\_\_\_\_ as my IBHS provider.

**NOTE: If you have primary commercial insurance and the services are for Autism Spectrum Disorder, these services may be covered under Pa. Act 62. Please check with your primary insurance for coverage and choose a provider who participates in your commercial insurance network and PerformCare**

Enrollee/Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_