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.

Out-of-Network (OON) GENERAL INFORMATION FORM
(Please submit with the corresponding level of care prior authorization OON Request Form)

Name of contracting provider:	
Service address:	
Mailing address: (if different)	
Billing and claims address: (if different)	
Tax address: (if different)	
Executive Director/CEO: (Name and Title)	
Contact person for this contract: (Name and title)	
Telephone number: Fax: Email address: After-hours phone number:	
Quality department contact name: Phone number: Email:	
Is this location smoke free?	☐ Yes ☐ No
Is this location handicap accessible?	☐ Yes ☐ No
Is this a home office?	☐ Yes ☐ No
Are you providing telehealth?	☐ Yes ☐ No (If yes, must be in compliance with OMHSAS 22-02)

ACCREDITATION AND LICENSES

1. Do you hold any national accreditations? Please check all that apply. (Please include copy of certificate)

   ☐ CARF ☐ JCAHO ☐ NCQA ☐ HRS/OLC ☐ OTHER:

2. PA Licensure: ☐ Yes ☐ No If yes, specify licensing agency(s) below.

Please list all that applies related to this agreement. Include copies of current licenses.

Licensing Authority	Licensed Services

3. Medical Assistance Identification Number and Provider Type:
4. NPI Number that will be used for billing:
5. Tax I.D. Number (Provide W-9):