Keystone First
VIP Choice

Behavioral Health Outpatient Treatment Request Form

When complete, please fax to **1-855-396-5740**.

Please type or print clearly. Incomplete and illegible forms will delay processing.

Prior authorization is required for outpatient services. For psychological and neurological testing, please submit the Testing Outpatient Request Form.

Electroconvulsive therapy (ECT) services must have prior authorization by telephonic review. Please call 1-866-688-1137.

Out-of-network providers: Prior authorization and a non-contracted provider form are required for all services.

Member information

Member name:	Member ID number:	
Social Security number:	Date of birth:	
Member address:	City, state, ZIP code:	Phone:
Who referred member for treatment? ☐ Self ☐ Primary care provider (PCP) ☐ State agency ☐ Other:_____		
Name of referring agency:		Phone:

Treating provider information

Name (with credentials):	☐ NPI : _____ ☐ In network ☐ Out of network ☐ In credentialing process
Phone:	Fax:
Address:	City, state, ZIP code:
Group name/number:	Group name/number:
Treating provider signature:	

Reason for services

Primary reason or complaint:	Start date requested:
Service codes requested:	Frequency:

DSM diagnosis

List all Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses (behavioral health and medical).

Supports and care coordination

1. Is the member currently participating in any vocational services? ☐ Yes ☐ No
2. Is the member's family or supports involved in treatment? ☐ Yes ☐ No
3. Has the member been evaluated by a psychiatrist? ☐ Yes ☐ No
4. Is there coordination with other substance use providers? ☐ Yes ☐ No
5. Is there coordination of care with other behavioral health providers? ☐ Yes ☐ No
6. Is there coordination of care with medical providers? ☐ Yes ☐ No

Medications

Is member on prescribed medication? ☐ Yes ☐ No	Is member compliant with medication? ☐ Yes ☐ No
Prescribing providers:	
Medications and dosages:	

Please attach the current treatment plan. Include documentation related to progress on goals and any changes made as a result.

Additional comments