



VALUE BEHAVIORAL HEALTH
of PENNSYLVANIA

A VALUEOPTIONS COMPANY

Independent Prescriber Participation at
Interagency Service Planning Team (ISPT)
Meeting
Verification of Attendance

All Independent Prescribers that participate in an ISPT Meeting (either by phone or in person) are required to fax a Verification of Attendance to VBH-PA within seven (7) business days of the ISPT in order to be reimbursed for attendance.

Upon attending an ISPT meeting, please fax this Verification Form to the VBH-PA BHRS fax line at 855-439-2441.

Independent Prescriber Name: _____

Independent Prescriber Address: _____

Member Name: _____

Member ID#: _____

Member DOB: _____

Date of ISPT Meeting: _____

Attended In Person:

Attended By Phone:

Name of VBH CAFS Coordinator: _____

By signing this form I, the Independent Prescriber noted above, attest that I attended the ISPT meeting for the above HealthChoices member on the above date and remained in attendance until my input and/or services were no longer required.

Independent Prescriber Signature

FAX Date