



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 855-439-2448, Attention: Billie Jo Saccol.**

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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.

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Independent Prescriber Signature

FAX Date

\*This applies to Independent Prescribers that conduct evaluations on HealthChoices Child and Adolescent Members from Crawford, Mercer, and Venango Counties.