Magellan Behavioral Health of Pennsylvania, Inc.
Referral for Intensive Behavioral Health Services Assessment

CURRENT WRITTEN ORDER & AUD MUST BE ATTACHED

Attention: Care Worker Team

PLEASE NOTE: Magellan is unable to make referrals for children with Act 62 benefits through their Primary Insurance Policy.

☐ Bucks Co ☐ Cambria Co ☐ Lehigh Co ☐ Montgomery Co ☐ Northampton Co

Member Name: _____ MA ID # (10 Digits): _____

Gender: ☐ M ☐ F DOB: _____ Date of Referral: _____

Member's Home Address: _____

City: _____ State: _____ Zip: _____

Legal Guardian Name: _____ Email: _____ Phone: _____

Referring Agency: _____

Referring Agency Staff: _____ Email: _____ Phone: _____

School Contact Name (if services in school): _____ School Contact Phone: _____

CYS Contact Name (if CYS involved): _____ CYS Contact Phone: _____

IBHS Assessment for: ☐ Individual Services ☐ Group Services ☐ Evidence-based Services ☐ ABA Services

DSM-5 Diagnosis: _____

_____

_____

Did parent/guardian/member agree to referrals for assessment? ☐ Yes ☐ No

Did parent/guardian/member complete a Magellan Authorization to Disclose form? ☐ Yes ☐ No

WRITTEN CONSENT MUST BE GIVEN BEFORE MBH CAN SEND THE CLINICAL INFORMATION TO PROVIDERS.

Days of the Week/Times of the Day Caregiver Available for Assessment:

_____

_____