

Community Behavioral Health

801 Market Street, Philadelphia, PA 19107
215-413-3100

Pay-for-Performance Data Request Form

Agency: _____

Provider ID (Parent): _____

Contact Person: _____

Email Address for Receipt of PHI Information: _____

Please place an “x” next to Level(s) of Care for which you wish to receive data:

Children’s Acute Inpatient

Acute Inpatient Extended Acute Care

Mental Health Outpatient

ASAM Residential Rehabilitation (ST, LT & WwC)

RINT

Journey of Hope

Children’s Case Management

Please e-mail completed form to Roslyn Butler at Roslyn.butler@phila.gov.