



EAP Billing and Closing
AN ASSESMENT MUST BE SUBMITTED FOR REIMBURSMENT

Provider agency: \_\_\_\_\_

Clinician name: \_\_\_\_\_ Authorization #: \_\_\_\_\_

Please mark only 3 assessed issues below. Primary (mark as 1), secondary (mark as 2), and tertiary (mark as 3).

Table with 4 columns: Addictions - Concern for other, Concerned Person/Mental Health, Health/Wellness, School Academic Performance, etc.

Table with 4 columns: Date of Session, Name & DOB of all clients in attendance, Modality of Session (In Person or Telehealth), Session length

CLOSING INFORMATION (please complete AFTER final session)

Table with 4 columns: Case Disposition (circle one), Referral (circle one), Referral Type, Referral Payment Type (circle one)

Self-referral: To ensure clients referral options are not influenced by conflict of interest, all clients must be offered at least two resources in addition to the self-referral. Were other options to the self-referral offered? Yes No If no, provide explanation.

CLOSING SUMMARY (assessment outcome and plan for moving forward)

Empty box for closing summary

In accordance with the Provider Contract or Single Case Agreement, I understand that the client is not to be billed, nor is any EAP company, their insurer, or third party payor for any portion of the services authorized by Employee & Family Resources. Completed paperwork is due within 90 days of each date of service.

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_