

EAP PATIENTS

Client: You must call your EAP Network and get the following information before you come in for your 1st appointment

• Patient Name: _____

• Patient DOB: _____/_____/_____

• Name of EAP Network: _____

• EAP Network phone number: () _____

• ID # in order to bill: _____

• Authorization Number: _____

• Dates of Authorization (Start and End date):

Start Date: _____ End Date: _____

• How many session are approved: # _____

• Address or where claims are to be sent to:

ADDRESS

CITY

STATE

ZIP CODE

• Patient must call and inform their EAP Network with provider name they are going to see immediately in order to generate the necessary paperwork.

Please bring this form filled out & give to your Therapist:

Bonnie Beem, LMFT

Elaine Greenwood, LMFT

WE CANNOT BILL WITHOUT PROPER INFORMATION