

EAP -Employee Assistance Program

Date _____

***Client Information**

NAME _____ DOB _____

PHONE NUMBER _____

***EMPLOYER INFORMATION**

EMPLOYER _____

PHONE NUMBER _____

***AUTHORIZATION INFORMATION**

EAP CONTACT NAME _____ PHONE NUMBER _____

EAP ID NUMBER _____

AUTHORIZATION NUMBER _____

NUMBER OF APPROVED SESSIONS _____

BILLING ADDRESS _____

CLEARING HOUSE CODE _____

(If electronic billing is available)

CPT CODES AUTHORIZED _____
