EAP STATEMENT OF SERVICES RENDERED FORM

Confidential Health Information

Provider Name:

Rendering Provider National Provider Identifier (NPI):_____

Fax Number:

Billing Address: _____

_____

Make Check Payable to: _____

Tax ID: _____

Billing Provider National Provider Identifier (NPI):_____

Reference Number:
(Required)

Important Note for Providers due to HIPAA privacy regulations we can no longer include any EAP member's name on these confirmation forms. We will only release the member name telephonically.
For the member name that corresponds to the reference number, please feel free to contact Anthem EAP at the toll free number located in the "From:" box on the fax cover sheet.

Scheduled Appt Date (Date Reported by Client):
(Reminder: please call (800) 728-9492, Option 1# and report first session date)

Start Date: End Date:

Company: EAP Model:

Sessions Provided:

	Date		Date
#1	_____	**#7**	_____
#2	_____	**#8**	_____
#3	_____	**#9**	_____
#4	_____	**#10**	_____
#5	_____	**#11**	_____
#6	_____	**#12**	_____

Provider Signature: _____ Date: _____

Mail Claims to: **EAP Claims**
9655 Granite Ridge Drive, 6th Floor
San Diego, CA 92123

Or Fax to: (858) 571-8102
For Claim Status: (800) 728-9492 Option 3#

Confidential Health Information Enclosed

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this message by error, please notify us immediately and destroy the related message. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without appropriate patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in Federal and State law.

Anthem BlueCross

EAP CASE FORM

Phone (800) 728-9492, Option 2# Fax (858) 571-8102

Confidential Health Information

Client Name: Reference # **(Required):** Company:

EAP Assessment: (Check 1 box only)

- ☐ Alcohol
- ☐ Drug
- ☐ Impacted By Alcohol Family/Significant Other
- ☐ Impacted by Drug Family/ Significant Other
- ☐ Emotional/Psychological
- ☐ Impacted by Emotional/Psych of Family/ Significant Other
- ☐ Eating Disorder
- ☐ Family Problems
- ☐ Marital/Couple Problem
- ☐ Violence
- ☐ Medical Problem
- ☐ Legal
- ☐ Financial Problem
- ☐ Work Related Concern
- ☐ Dependent Care
- ☐ Other Issues

Recommendation: (Primary) (Check 1 box only)

- ☐ EAP only
- ☐ Medical doctor referral
- ☐ Psychiatric meds. Eval/tx
- ☐ Alcohol/drug detoxification
- ☐ Inpatient alcohol/drug tx
- ☐ Structured outpatient alcohol/drug tx
- ☐ Non Hospital Residential Facility
- ☐ Inpatient psychiatric tx
- ☐ Partial hospital psychiatric
- ☐ Outpatient mental health (office)
- ☐ Psychological testing
- ☐ Social agency, public program/mental health
- ☐ Self-help/support group
- ☐ Employer, H.R., management, benefits, etc.
- ☐ Childcare/eldercare resources
- ☐ Career / vocational counseling

Closing Date:

Benefit Utilization: ☐ EAP Assistance Only ☐ Referrals Not Utilizing Insurance Benefits (Community Resources) ☐ Referrals Utilizing Insurance Benefits

Referral Information

The Client Was Referred to:

☐ Psychiatrist ☐ Psychologist ☐ MFT/LCSW ☐ Community Resources (Referrals Not Utilizing Insurance Benefits)

☐ PCP/Medical Specialist ☐ Other ☐ Case Closed (EAP Assistance Only/No Additional Referral Needed)

If care was transferred to another licensed professional or behavioral health facility, was the transfer of care coordinated with the new provider by:

☐ Phone ☐ Fax ☐ Report/Letter ☐ Other ☐ Not Applicable

Disposition of Case: ☐ Resolved ☐ Improved ☐ No Change ☐ Deteriorated ☐ Declined Recommendation ☐ Unable to Contact

Confidential Health Information Enclosed

Anthem BlueCross

EMPLOYEE ASSISTANCE PROGRAM (EAP) PARTICIPANT ORIENTATION

Please read thoroughly before signing and direct any questions to your consultant.

DESCRIPTION OF SERVICES: Your company has contracted with Blue Cross of California (BCC) to provide professional consultation for employees and their family members regarding a wide range of personal problems. Available services may include: assessment, short-term counseling, and referral. If longer term counseling or specialized services are needed, BCC will refer you to qualified professionals or organizations in the community. BCC will then follow up to assure that your needs are being met. Certain insurance plans require EAP referral in order to utilize your mental health and substance abuse benefits.

FEES: There are no fees to employees or family members for any service received directly from BCC. When BCC refers to resources in the community for ongoing or specialized services, you are responsible for paying any applicable fees. Your group health plan may or may not cover some of the cost of referred services. If BCC makes a referral that utilizes your company benefits, it is your responsibility to verify both your insurance eligibility and the benefits available for behavioral health. This can be done by contacting either the insurance company or your benefit department. It will also be your responsibility to ensure that any provider to whom BCC may refer you is a provider who is consistent with your insurance plan.

CONFIDENTIALITY: When an individual utilizes EAP services, all information will be held confidential unless: 1) the individual authorizes release of information with a signature; 2) the individual represents, in the EAP consultant's opinion, a physical danger to self or others; 3) child abuse/neglect, elder abuse/neglect, or dependent adult abuse/neglect is suspected; 4) a court order for records is issued. If you are employed by a company contracted with or regulated by the Departments of Defense or Transportation or the Nuclear Regulatory Commission, BCC may be required to disclose information about your EAP consultation under the following conditions: a) there is a significant breach of security or safety policies, b) BCC receives an administrative summons or judicial subpoena or order, c) you were referred due to a positive drug test, d) as further defined by your employer. BCC does not make routine "adverse information" reports.

VOLUNTARY PARTICIPATION: The decision to participate in the EAP is voluntary in most cases. Employees participating in the program should not expect any special privileges or exceptions to normal work rules or performance standards. EAP participation is not to be interpreted as constituting a waiver of management's rights to take disciplinary measures, nor shall the program be interpreted as a waiver of the right of any employee to use a complaint procedure within the framework of company policies.

EMPLOYER REFERRAL: When an employee is referred to the EAP by the employer, the appropriate company representative of the organization may be advised with the employee's consent if: 1) the employee kept the appointment; 2) the EAP consultant has made recommendations; 3) the employee has agreed to follow these recommendations.

GRIEVANCE PROCEDURE: If you are dissatisfied with the service you receive, you may file a grievance in writing or by phone to the Grievance & Appeals Department, at the following address: Blue Cross of California, BH Grievance and Appeals, PO Box 23330, San Diego, CA 92193, Fax: (805) 384-3171, Phone: (800) 365-0609, or online at: www.bluecrossca.com/youreap. **We are required to inform you of the following:**

California Department of Managed Health Care (DMHC)
The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(800) 365-0609** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site **http://www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online. I have reviewed and understand the information listed above.

Client Name: _____ Client Signature: _____ Date: _____
(Please Print)

Social Security # ___ ___ ___-___ ___ -___ ___ ___ Company Name: _____

Anthem BlueCross

EAP Freedom of Choice Information

Your employer-paid EAP counseling sessions have been completed. You and the provider have discussed the nature of your problem(s) and the Provider has recommended additional behavioral health services. The Provider and you should have reviewed all of the alternatives for continuing services including factors of geography, provider specialization, financial arrangements, and insurance coverage. Having carefully considered all of these options, it is important that you understand you are exercising free choice if you decide to continue treatment with your EAP provider. With your decision, the responsibility for payment will transfer to you and/or your health plan.

EAP is not responsible for payment of services beyond the number of sessions allowed under your EAP benefit.