Interface EAP

PO Box 421879, Houston, TX 77242-1879 Phone (713) 781-3364 (800) 324-4327 Secure Fax (713) 784-3241

REFER YOUR BEHAVIORAL HEALTH PROFESSIONAL

Greetings Interface EAP participant,

If you are currently seeing a behavioral health professional, such as a psychiatrist or therapist, and would like them to join the Interface EAP network of Preferred Providers, please have them complete this form and send it to IEAP. IEAP will send application information for your provider to review. Thank you for your cooperation.

Please Print or Type: Participant Name:					
Covered employee's nam	e:				
I have called IEAP and op	bened a case	YES	□ NO	CASE NUMBER (if known)	
To be completed by the behavioral health professional: *Please note – this patient's behavioral health benefits may now be managed by IEAP.					
This participant has r	equested I contact I	EAP.			
I am not a part of IEA	P's network of pre	ferred provide	rs.		
PROVIDER NAME	_				
PROVIDER CREDENTIALS					
PROVIDER ADDRESS					
CITY			STATE	ZIP	
				74.37	
AREA CODE PHONE AREA CODE FAX Interface EAP's network of providers consists of psychiatrists, as well as masters and doctorate level clinicians who maintain: Licensure in a counseling discipline, minimum liability insurance designated by the state in which the provider practices, and continued training in the area of their expertise. Therapists may belong to our EAP network as well as our Managed Care network. Psychiatrists will belong only to our Managed Care network.					
MANAGED CARE:	Treatment is authorized by IEAP based on medical necessity. Claims will be processed by the plan administrator according to eligible benefits				
<u>EAP:</u>	Interface EAP di with no cost to th	•	rses authorized	EAP sessions to the p	rovider,
For additional information please call Interface EAP at (713) 781-3364 and mail this form to the attention					

of Provider Relations, or fax to 713-784-3241.