



INTERFACE EAP
Total Life Assistance

www.ieap.com

June 12, 2020

Authorization and Billing Form

(*FYI: All billing forms are customized at time of authorizations- this is only a sample)

Bock Smith, PHD
2424 Wilcrest Drive
Houston TX 77042

Interface EAP (IEAP) is authorizing **6 Face to Face 'OR' Telehealth Counseling Sessions** for:

Patient: Elizabeth Frock

IEAP Case: 019-1681

Please Remember:

- EAP sessions are FREE and CONFIDENTIAL. Do NOT send any correspondence/billing notices to patient.
- If you determine this patient requires care beyond the available authorized EAP sessions, it is your responsibility to assist patient with referral using available health benefits or community resources.

IEAP will pay 100% of your contracted **EAP Rate** of \$ _____. **Billing must be received at IEAP within 90 days of each date of service to be considered for payment.** Bills received by the 10th of the month will be processed by the last business day of that month.

Insert Date(s) of Session in boxes below (*date must be complete and include year MM/DD/YY*). **Check box to reflect method services rendered {Face to Face =FF Telehealth =TH}**

Date of Service	FF	TH	Date of Service	FF	TH

I have explained this patient's rights regarding confidentiality and have obtained a signed consent form, which allows me to provide the above information and to receive payment for counseling that occurred on the above dates. I have explained to this patient that Interface EAP provides this employer sponsored benefit and that Interface EAP may be contacted by phone or mail to register any complaints related to this benefit or my services.

Signature – Bock Smith, PHD (*provider of service*)

Mail this form to: Interface EAP
Attention:
EAP Billing Dept.
P.O. Box 421879
Houston, Texas 77242-1879
Fax 713-784-3241

Federal EIN: **03-1111111**
IEAP Internal ID: **00002.1**
Check made payable to: **Bock Smith, PhD**
Check mailed to: 2424 Wilcrest Drive
Houston TX 77042

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