

EAP Information Form

**** Full completion of this form is required for our first session together and will require you to call your EAP carrier to speak with a representative. This should only take about 10 minutes of your time but will save you from future stress and unexpected expenses! I will need to see and copy a government issued photo identification card (i.e. a driver's license) and the person seeking service's health insurance card. ****

Begin call (number can be provided by your HR department for EAP)

1. Date of call: ____/____/____
2. EAP representative's name &/or ID # that you spoke with: _____
3. Name of company to bill for EAP services and payor ID#: _____
4. "Is Elisa Horton, LMFT, LMHC, NCC "in network" on my EAP network" Yes No (if "no" you can ask if an exception can be made for this case or you can ask for a list of providers in your area).
5. "What is the authorization code or number for sessions with Elisa Horton" # _____
6. "How many EAP sessions does that authorization entitle the authorized individual to?" _____
7. "What is the date range the authorization is valid through?" ____/____/____ to ____/____/____
7. "Will an authorization sheet be mailed, emailed, or faxed to the provider?" Yes No
8. "What number can providers call if they have any questions?" _____

End call

Other questions to be completed:

- 1) What name is the authorization under (who are the EAP sessions for)? _____
- 2) Who (name) is the holder of this EAP policy (the employee/member)? _____
- 3) What is the employee's DOB? ____/____/____
- 4) Provide the employee's address and contact information if different than the client/authorized individual

- 5) What is the employee's health insurance company name? _____
- 6) What is the employee's health insurance member ID# _____ and group policy # _____
- 7) The name of the employer that EAP is covered through? _____
- 8) Who is the primary insured in relation to the authorized person/person seeking services? self other relation: _____ (i.e. mother, etc)

Name of person obtaining the authorization: _____

Relation to authorized individual: self other: _____

Authorization to utilize EAP benefits

I, _____ (name of insured or authorized representative), hereby authorize _____ (name of EAP carrier) to pay and hereby assign directly to Elisa Horton, LMFT, LMHC, NCC, Inc all benefits, if any, otherwise payable to this practice for counseling services as described on the attached forms. I understand that I am financially responsible for all charges incurred. I further acknowledge that any EAP benefits, when received by and paid to Elisa Horton, LMFT, LMHC, NCC, Inc will be credited to my account, in accordance with above said assignment.

Elisa A.M. Horton, LMFT, LMHC, NCC, Inc.
FL License Numbers MT 2182, MH 8749

The undersigned hereby authorizes the release of any information relating to all claims for benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this document authorizes my therapist to submit claims for benefits, for services rendered or for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself and/or my dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim.

_____ Date: _____
Authorized Signature of Subscriber

EAP Benefit Information for You to Know

Your EAP is a benefit provided to you (and possibly your covered dependents) by your employer. No concern is too small. Issues such as stress, conflict, workplace issues, life events (marriage, birth, ailing parents, bereavement, etc), and home/family issues can be discussed and worked on.

EAP assessment/counseling and “therapy” are different - it’s important to understand the differences.

EAP Assessment: These authorized sessions are NOT intended for an extended relationship with the counselor which is why they are limited in number. EAP sessions are intended to:

- Conduct an assessment of the situation being presented.
- Allow the client to receive support and guidance to facilitate the problem’s resolution within the number of EAP sessions provided (short term care).

OR

- Determine that there is a need for clinical services beyond the scope of the EAP benefit, in which case you will be given 3 referrals to longer term therapy options (i.e. providers that participate on your health insurance) and be transitioned successfully into those services (which may take up the rest of your EAP authorized session).

Therapy: You establish a relationship with the counselor that will allow you to work together for an extended period of time (i.e. if there is a formal diagnosis like depression that needs on-going or long term treatment you’ll need to utilize your health insurance and/or private pay if you do not wish to involve your health insurance company as EAP is not for long term issues).

If you’d like to continue with me – we will need to find out if I am a provider on your health insurance panel or we will need to discuss private pay rates. If I am on your insurance, you may have the option to continue with me (provided that your EAP does not have rules against this). In this case you may need to sign a waiver that states you received referrals for at least 2 other providers in your insurance network.

Under EAP treatment, I cannot have any communication with your boss or your company. I cannot provide authorizations for leave from work (i.e. disability, etc). I cannot advise you to seek legal counsel nor speak with your lawyer. This represents a conflict of interest and in some cases is outside of the scope of my practices.