



AFFILIATE BILLING FORM PROCEDURES

The LifeSpring Health Systems Affiliate Billing Form should be **completed each month** and mailed to LifeSpring by the 10th of the month. If the billing form is not in our office by the 15th this may delay your payment.

Following is a description of each section of the billing form.

Affiliate Name – name of the center providing services

EAP Company Name – name of company for which services were provided

Address, etc. – address of the affiliate (the payment will be sent to this address)

Contact Person – this person should be able to answer any questions regarding the billing information and/or questions regarding the employee/client

Billing for Month of – this is the month that service(s) were provided and is currently being billed

COUNSELING SERVICES

Employee Name – the name of the employee

Employer – name of store or branch

Supervisor Referral – check this box if the client was referred by their supervisor

Client Name – the name of the client (If same as the employee you may write “same”)

Client’s Birth Date – client’s date of birth

Relationship – indicate client’s relationship to employee as:
E – Employee; S – spouse; C – child

DSM DX Code – give the diagnosis code

Date Case Opened – give the opening date of the case



LS Affiliate Form Procedures
Page 2 of 2

Service Date(s) – give the date(s) of the service that is being billed during the current billing month.

Hours Billed – give the number of hours being billed

Amount Due – give the amount due for the individual client
(Number of hours multiplied by current contracted rate)

Subtotal Counseling Amount Due – the total due for all counseling services

CONSULTATION SERVICES

Provider Name – the name of the staff member who provided the service

Date – the date the service was provided

Description of Service – type of service provided (e.g., employee orientation)

Hours – the number of hours provided

Amount Due – number of hours multiplied by the current contract rate

Subtotal Consultation Amount Due – total due for all consultation services

TOTAL AMOUNT DUE FOR THIS MONTH – the total of counseling and consultation amounts due

Send completed billing form to:

**EAP Contract Billing Services
LifeSpring Health Systems, Inc.
PO Box 769
Jasper, IN 47547-0769**