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

Manuals/PS/PS09-EAP/ Form-EAP Affiliate Billing Form Procedures updated 10/2018
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