

Office Use Only

Route to Mary Comstock

cc: Financial Services if "Send FFS Invoice" completed

EAP PROVIDER CONTRACT TIME SHEET

Claim form for **PREAPPROVED SERVICES DELIVERED TO EAP EMPLOYERS** - Use HCFA 1500 for face-to-face client sessions

Complete all applicable fields and return to:
EAP, 7600 E. Eastman Ave., Suite 500, Denver, CO 80231
Phone: 1.800.865.1044, Fax 303 695.1371

Date: _____

Provider/Group Name: _____

Units Delivered in Qtr Hr Increments (i.e., 1.25)	Dates (list add'l dates in Notes section below)	Contracted Rate	Employer Name	Service Description	Service Code	For office use only Account/Ins I.D. Number	For office use only Send F.F.S. Invoice to:
				Case Plan Oversight (face-to-face mtgs or phone calls to resources or collaterals)	50019		
				<i>Client Name:</i>			
				<i>Client Number:</i>			
				Supervisor/Employer consult regarding a specific employee	50053		
				<i>Employee Name:</i>			
				<i>Supervisor Name:</i>			
				Supervisor/Employer consult regarding a general work situation	50054		
				<i>Supervisor Name:</i>			
				On-Site Support/Consultation	50030		
				Employee Orientations	50042		
				<i>No. of Participants:</i>			
				CISD Facilitation	50013		
				<i>No. of Participants:</i>			
				Training	50018		
				<i>No. of Participants:</i>			
				Travel time	50051		
				Miscellaneous (identify)	50038		

Notes/Additional

Rev 070704