Carebridge CORPORATION

Excellence in Employee Support Services

TO: FROM:

Pages: 5 including cover Re: New referral

IMPORTANT REMINDERS. PLEASE READ.

- Affiliate agrees not to charge the client for any missed session or late cancellations, but may inform the client that one of their EAP sessions may be forfeited for cancellations without sufficient notice.

- Affiliate will NOT complete any disability, FMLA, legal or leave paperwork or determinations for clients while under the EAP benefits. Any request for documentation and/or written evaluation, assessment, or recommendations must be reported to Carebridge immediately.

- This authorization is only effective for the Affiliate to whom it is addressed. If this is a group practice, the client may only see an Affiliate that is Carebridge credentialed within your practice. Please confirm that the client is scheduled with an Affiliate accordingly.

- This authorization is for face-to-face counseling sessions, in your professional office setting. The duration of the sessions contracted is 45-60 minutes.

****Please note: Carebridge does not accept HCFA / 1500 forms.**
Our billing paperwork is required for payment.

CAREBRIDGE EAP BILLING INSTRUCTIONS

Billing Instructions

EAP Client Record Billing can be completed electronically, faxed or mailed. We accept claims up to 90 days from the last date of service. Payments will be processed within 30 days.

ELECTRONIC BILLING INSTRUCTIONS

***Statement of Understanding* - Please review with client on first visit and have client sign the statement. NOTE: In order to receive payment, an original client signature must be on the form! All clients should be offered a copy of this statement.

1. Visit: www.cbbenefits.com
2. Click on: Carebridge Affiliate Electronic Billing Form.
3. Enter CASE number, located on Authorization Form. Please note the # of sessions authorized.
4. Click box: "**I CERTIFY**" (a hard copy of Statement of Understanding should be offered to client at first session).
5. ***First Session:*** Complete Presenting Problem, Counselor Assessment, Goals and Plan.
6. ***Interim Sessions:*** Fill out dates only.
7. ***Final Session:*** Complete dates of service with Final Summary.
8. Click: SUBMIT. A copy of your submission will be sent to you via e-mail.

PAPER BILLING INSTRUCTIONS (to be faxed or mailed)

***Statement of Understanding* - Please review with client on first visit and have client sign the statement. NOTE: In order to receive payment, an original client signature must be on the form! All clients should be offered a copy of this statement.

1. ***Statement of Understanding*** - Complete CLIENT INFORMATION section and ensure client has signed.
2. ***Confidential Contact History*** -

   Initial Session: Complete the Presenting Problem, Counselor Assessment, Goals and Plan.

   Enter dates of service. Please note the # of sessions authorized on the authorization form.

   Interim Sessions: Complete dates only. Dates can be added from initial submission form.

   Final Session: Complete dates of services with Final Summary.

For paper billing reimbursement:

Fax to: 844-226-0383 OR

Mail to: Carebridge Corporation | 40 Lloyd Avenue, Suite 204 | Malvern, PA 19355

STATEMENT OF UNDERSTANDING

Instructions: At the first appointment, have client or guardian read and sign the Statement of Understanding. Please offer a copy of the Statement of Understanding to the client.
Please submit billing electronically or fax or mail billing to Carebridge EAP.

Extent of EAP Services:

The EAP offers assessment, consultation, and short-term counseling for your personal concerns. Often short-term counseling is completed within the allotted EAP sessions. However, the number of recommended sessions is determined by your counselor. If the EAP counselor determines that long-term counseling or a higher level of care is recommended, your unused EAP sessions will be "banked" for future visits within the next 12 months if needed. You will have to call Carebridge to reauthorize these sessions. If you violate the counselor's missed session or late cancellation policy, you may forfeit one of your EAP sessions.

Completion of Leave or Legal paperwork:

I understand that it is out of the scope of the EAP to provide documentation or testimony for court or legal issues, court-ordered counseling or treatment, evaluation or documentation for FMLA, disability, or other work-related leave of absences. If these services are needed, please consult with a care manager at Carebridge.

Cost:

There are no charges to you or your covered family members for using the EAP services. There may be charges, however, should you be referred to, and choose to utilize, the services of other professionals. If an outside referral is chosen, every effort will be made to find the best resource at the lowest cost to you. Certain costs may be partially offset by your Medical Benefit Plan. *I understand that it is my responsibility to verify my medical benefit coverage and benefits for continued sessions with this Affiliate.*

Confidentiality:

All records kept by the EAP will be treated confidentially. No information can be released outside the EAP without your written consent, unless required by law. Various laws require that the EAP staff assume the responsibility for reporting to appropriate parties instances when a person is a danger to themselves, to others, or when elder/child abuse/neglect is involved. To keep this program confidential, your employer has contracted with Carebridge, an independent outside benefit firm, to administer the EAP.

Formal Referrals:

If a supervisor requires that you contact the EAP (for instance, because of a performance concern), the supervisor will not be informed of any details of your counseling without your signed consent.

Complaints:

If you have a complaint concerning any person associated with the EAP service, the quality of service provided, or any other aspect of the EAP, you may register the complaint with Carebridge by calling *800-437-0911.*

Satisfaction Survey:

As a part of quality assurance, I further authorize Carebridge to contact me to survey my satisfaction with the services I receive.

Signature:

I have read this statement and may request a copy for my records.

CLIENT INFORMATION

Client Name: _____ EAP Case Number: _____

By signing this statement of understanding, I agree to allow the Affiliate to invoice Carebridge EAP for my counseling sessions, as well as provider case notes, consultation and case collaboration to Carebridge.

Client/guardian signature: _____ Date: _____

EAP Affiliate signature: _____ Date: _____

CONFIDENTIAL CONTACT HISTORY

Please be aware that Carebridge EAP is NOT an insurance provider. We do NOT accept HCFA billing forms. All completed EAP billing must be submitted within 90 days of the last face to face session in order to be considered for payment. ***By submitting this billing form, you certify that you have reviewed the Carebridge Statement of Understanding with this client/guardian.*** Payments will be mailed out within 30 day upon receipt of completed billing forms.

Mailing address: **Carebridge Corporation**
40 Lloyd Avenue, Suite 204
Malvern, PA 19355

Fax number: **844-226-0383**
Phone number: **800-437-0911**
Affiliate Services website: **www.cbbenefits.com**

Client: _____

EAP Case Number: _____

Client's Employer: _____

Affiliate Name: _____

Affiliate Billing Address: _____

_____

_____

Individual NPI#: _____

Practice NPI#:_____

Affiliate Phone Number: _____

Affiliate Email Address: _____

Dates of service:
___/___/____
___/___/____
___/___/____
___/___/____
___/___/____
___/___/____
___/___/____
___/___/____
___/___/____
___/___/____

Presenting Problem: _____

_____

_____

Counselor Assessment: _____

_____

_____

Goals: _____

_____

_____

Plan: _____

_____

_____

Final Summary (only required at last session): _____

_____

_____

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