

EAP Case Activity and Billing Form (CAF-2 – Use only if EAP services were NOT pre-authorized)

Instructions: Please use CAPITAL letters. Complete **ALL** information to ensure prompt payment. Keep a copy for your records. If services are pre-authorized, use the CAF-1 form.

,	Statement of Understanding F	Release of Information	
Billing Type: O Interim O Final O Re-Open	Signed: O Yes O No	Signed: O Yes O No	
Payer: (corporate client, employer, company/division, loca	on or department through which EAP benefit	ts are available)	
Participant Information: Last Name	First Name	MI	
Participant's Address: Street Address	City		
State ZIP Code Date of Birth (m	n/dd/yy) Participant Home F	Phone	
Participant Relationship to Employee: Partic	inant Ethnicity:		
Participant Relationship to Employee: Participant Ethnicity: O Self O Spouse O Dependent O Parent O African-American O Arab-American O Asian / Pacific Islander			
-	casian O Hispanic O Multi-Racial O Na	ative American O Other	
	Source : Union O Co-worker O Medical O HR	O Supervisor (Informal)	
	ss Program O Treatment Provider O S		
Learned About EAP:	Method of Initia		
O Word of Mouth O Printed Materials O Company Re O Electronic Media O Training / Health Fair O Union		aff Office O Internal EAP AP Affiliate O On-Site EAP	
Participant Gender: Employee Social Security Number: Employee Hire Date (mm/dd/yy)			
O Female O Male			
Employee Name: (if not participant) Last Name	First Name	MI	
Employment Data: (complete only if employee is partic	J		
Employment Status:	Job Dysfunction:		
O Full Time O Part Time O Terminated O Medical Le		Significant: No Job Jeopard	
O Disciplinary Leave O Laid Off O Disability / WC Leads Job Problem:	ve O Otriei O Moderate C	Significant: Job Jeopardy	
O Absenteeism O Fitness for Duty O Safety Issue(s)			
O Productivity Issue(s) O Co-worker Relationship O S			
Job Title Category: O Executive / Manager O Professional O Sales O O	_	nion Member : Yes O No	
O Technical O Craft Worker (skilled) O Operative (se	ni-skilled) O Laborer (unskilled)		
Billing Information: Date(s) of Service (mm/dd/	y) 		
EAP Clinician: Last Name	First Name		
LAF CHIRCIAN. Last Name			
Olivinia de Billio e Addres de Otro de Addres de			
Clinician's Billing Address: Street Address	City		
State ZIP Code SSN or Tax ID N	ımber: NPI Numk	oer:	

Participant Last Name First Na	ame Employee SSN:	
Clinician Phone: EAP Clinician Signature: Date:		
Total Sessions Billed: Number of EAP Sessions Used at Case Closing:		
Presenting and Assessed Problem: choose only one Presenting problem (P) and one Assessed problem (A)		
P A P A	P A P A	
O O Alcohol O O Eating Disorde	r O O Child Care O O Job / Occupational	
O O Drugs O O Hyperactivity/L		
O O Mixed Alcohol / Drug Abuse O O Impulse control O O Family Problem O O Marital / Relationshi		
O O Anxiety O O Thought disord	•	
O O Depression	O O Grief / Loss O O Medical Problem	
Risk and Functional Assessment: Indicate participant's level of impairment at case opening and at case closing. 0 = No evidence of impairment; 1 = mild; 2 = moderate; 3 = severe impairment		
·	Case Opening Case Closing	
Member's risk to self		
Member's risk to others		
Mood Disturbances (depression or mania)		
Thinking / Cognition / Memory / Concentration		
Impulse / Reckless / Aggressive Behavior	O0 O1 O2 O3 O0 O1 O2 O3	
Activities of Daily Living Problems		
Medical / Physical Condition		
Job / School Performance		
Social Functioning / Relationship / Marital / Family		
Goals:		
1.	O Met O Partially Met O Not Met O No Change	
2.	O Met O Partially Met O Not Met O No Change	
3.	O Met O Partially Met O Not Met O No Change	
EAP / Psychiatric History Assessed O Yes O No N	otes:	
Substance Abuse Treatment History Assessed O Yes		
Strength, Skills, Aptitude and Interests Assessed O Yes O No Notes:		
Supports Assessed O Yes O No Notes:		
Military History Assessed O Yes O No Notes:		
Case Closing		
Problem Status at Closing: Case Disposition:	Referral Type:	
O Resolved O Face-to-face assessmen	•	
O Partially Resolved no referral	O Community Resource O Inpatient	
O Getting Worse O Face-to-face assessmen	·	
O No Change referral accepted	O Outpatient (non-MD)	
O Not Applicable O Face-to-face Assessmen	' ' '	
referral declined O Inpatient O Other O Did not keep initial appointment O Intensive Outpatient		
O Withdrew before complet		
services O Other		