



EAP Case Activity and Billing Form

(CAF-1 – Do not use for onsite EAP services)

Instructions: Please use CAPITAL letters. Complete ALL information to ensure prompt payment. Keep a copy for your records. If services were not pre-authorized, use CAF-2 form.

Billing Type: Interim Final Re-Open

Payer: (corp. client, employer, company/division, location or department through which EAP benefits are available)

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Participant Information: Last Name First Name MI

Participant Date of Birth (mm/dd/yy) / / Statement of Understanding Signed: Yes No Participant Relationship to Employee: Self Spouse Dependent Parent
 Gender: Female Male Sibling Unmarried Partner Other

Employee Name: (if not participant) Last Name First Name MI

Billing Information: Dates of Service (mm/dd/yy)

<input style="width:40px;" type="text"/> / <input style="width:40px;" type="text"/> / <input style="width:40px;" type="text"/>	<input style="width:40px;" type="text"/> / <input style="width:40px;" type="text"/> / <input style="width:40px;" type="text"/>	<input style="width:40px;" type="text"/> / <input style="width:40px;" type="text"/> / <input style="width:40px;" type="text"/>	<input style="width:40px;" type="text"/> / <input style="width:40px;" type="text"/> / <input style="width:40px;" type="text"/>
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EAP Clinician: Last Name First Name MI

Clinician's Billing Address: Street Address City

State ZIP Code SSN or Tax ID Number: NPI Number:

- Assessed Problem:** (choose one)
- | | | | |
|--|--|--|--|
| <input type="radio"/> Alcohol | <input type="radio"/> Depression | <input type="radio"/> Child care | <input type="radio"/> Job / Occupational |
| <input type="radio"/> Drugs | <input type="radio"/> Eating Disorder | <input type="radio"/> Adult / elder care | <input type="radio"/> Legal |
| <input type="radio"/> Mixed Alcohol / Drug Abuse | <input type="radio"/> Hyperactivity / Learning | <input type="radio"/> Family problems | <input type="radio"/> Marital / Relationship |
| <input type="radio"/> Anxiety | <input type="radio"/> Impulse control | <input type="radio"/> Financial problems | <input type="radio"/> Situational / Adjustment |
| | <input type="radio"/> Thought disorder | <input type="radio"/> Grief / Loss | <input type="radio"/> Medical |

Risk and Functional Assessment: Indicate impairment level at case opening and closing.
 0 = No evidence of impairment, 1 = mild, 2 = moderate, 3 = severe impairment

	Case Opening				Case Closing			
Member's risk to self.....	00	01	02	03	00	01	02	03
Member's risk to others.....	00	01	02	03	00	01	02	03
Mood Disturbances (depression or mania).....	00	01	02	03	00	01	02	03
Anxiety.....	00	01	02	03	00	01	02	03
Thinking / Cognition / Memory / Concentration.....	00	01	02	03	00	01	02	03
Impulse / Reckless / Aggressive Behavior.....	00	01	02	03	00	01	02	03
Activities of Daily Living Problems.....	00	01	02	03	00	01	02	03
Medical / Physical Condition.....	00	01	02	03	00	01	02	03
Substance Abuse / Dependence.....	00	01	02	03	00	01	02	03
Job / School Performance.....	00	01	02	03	00	01	02	03
Social Functioning / Relationship / Marital / Family...	00	01	02	03	00	01	02	03

Case Closing Disposition: Referral Type: No referral beyond EAP

<u>Problem Status at Closing:</u>	<input type="radio"/> Face-to-face assessment / no referral	<input type="radio"/> Community Resource Psychiatric Treatment
<input type="radio"/> Resolved	<input type="radio"/> Face-to-face assessment / referral accepted	<input type="radio"/> Medical Treatment <input type="radio"/> Inpatient
<input type="radio"/> Partially Resolved	<input type="radio"/> Assessment/referral declined	<input type="radio"/> Substance Abuse Treatment <input type="radio"/> Partial Hospitalization
<input type="radio"/> Getting Worse	<input type="radio"/> Did not keep initial appt.	<input type="radio"/> SA Inpatient <input type="radio"/> Outpatient (non-MD)
<input type="radio"/> No Change	<input type="radio"/> Withdrew before completion	<input type="radio"/> SA Intensive Outpatient <input type="radio"/> Outpatient (MD)
<input type="radio"/> Not Applicable		<input type="radio"/> SA Detox Only <input type="radio"/> Other
		<input type="radio"/> Other Substance Abuse