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AFFILIATE PROVIDER PACKET

Reimbursement Requirements

In order to fulfill our reporting responsibilities to our customer companies, and for you to be reimbursed for the services that you will provide for us, the following forms (Substance Use Assessment only when applicable) must be completed and returned to Best Care EAP within 45 days of the end date on the Authorization:

Forms for affiliate counselor to complete:

Authorization of Service. This two-page form must be completed for all service billings.

Substance Use Assessment. This form is used with Substance Use-related referrals when an Substance Use assessment has been arranged. Please complete this form in its entirety, including the provision of a diagnostic impression and suggested education, counseling or treatment recommendations. **Please do not discuss final treatment recommendations with the client prior to consulting with a Best Care EAP counselor.** If counseling or treatment will likely be recommended by Best Care EAP, please include the name of a qualified provider who could provide the counseling or treatment. **Please complete the form and fax it to Best Care EAP within forty-eight hours after the assessment has been completed.**

Forms for client to complete:

Statement of Understanding. This form provides a brief overview of Best Care EAP's counseling services, including communications between Best Care EAP and you, their affiliate provider. Please have the client read and sign this form. If a client declines to sign, please note this on the form and sign and date it.

These forms can be accessed in the forms section of our web site at www.BestCareEAP.org. Feel free to duplicate the forms for use with future Best Care EAP referrals.

IMPORTANT REMINDER! In order for reimbursement to be made, Best Care EAP must have your completed *Affiliate Provider Agreement* on file.



02/20/2020

Authorization Of Service

File #:
 Authorization #:

Authorized Provider Information

Provider: Office Location: Payment Address:	Phone Numbers Office: Fax: Other: <hr/> FEIN/SIN #: Email:
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Please indicate any changes to your practice above and include an email address for future communications.

Client Authorization Information

Name: Address: Date Of Birth: Organization:	Last 4 SS #: Sessions:	@	for	End Date:
		Phone Numbers Home: Work: Cell:	Permission to Call <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Permission to Leave Message <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Any additional services must be authorized by Best Care EAP. Client is responsible for payment of unauthorized services.

Best Care Case Manager:

Special Instructions:

Session #	Session Date	Appt. Change (late notice)*	No Show*	Duration (hrs)	Attendee(s)
		<input type="checkbox"/> *	<input type="checkbox"/> *		
		<input type="checkbox"/> *	<input type="checkbox"/> *		
		<input type="checkbox"/> *	<input type="checkbox"/> *		
		<input type="checkbox"/> *	<input type="checkbox"/> *		
		<input type="checkbox"/> *	<input type="checkbox"/> *		
		<input type="checkbox"/> *	<input type="checkbox"/> *		

*Appointment changes with less than 24 hour notice or no shows will be deducted from the number of authorized sessions.

REIMBURSEMENT REQUIREMENTS: Within 45 days of the end date on the Authorization, submit Best Care EAP's Statement of Understanding, Substance Use Assessment (when applicable) and two-page Authorization of Service completed/signed. Please fax or mail your reimbursement paperwork to Attn: Network Services at the fax number or address listed above or email to networkservices@bestcareeap.org.



02/20/2020

Authorization Of Service

File #:
Authorization #:

Assessed Problem(s):	1 = Primary	2 = Secondary	3 = Tertiary
<input type="checkbox"/> Addiction/Abuse - Other	<input type="checkbox"/> Anger	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Child/Adolescent
<input type="checkbox"/> Depression	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Emotional/Mental Health	<input type="checkbox"/> Family
<input type="checkbox"/> Financial	<input type="checkbox"/> Grief/Loss/Bereavement	<input type="checkbox"/> Job/Career	<input type="checkbox"/> Legal
<input type="checkbox"/> Life Transitions	<input type="checkbox"/> Physical Health	<input type="checkbox"/> Marital/Relationship	<input type="checkbox"/> Stress
<input type="checkbox"/> Substance Abuse/Addiction	<input type="checkbox"/> Trauma	<input type="checkbox"/> Wellness	

Clinical Impressions: _____

Counseling/Treatment Plan: _____

Clinically Necessary Referral Type:

<input type="checkbox"/> No Referral Beyond EAP	<input type="checkbox"/> APRN	<input type="checkbox"/> Education/Training
<input type="checkbox"/> Agency	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Legal
<input type="checkbox"/> Financial	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> MD	<input type="checkbox"/> Self-Help	<input type="checkbox"/> Substance Use Disorder
<input type="checkbox"/> SAP	<input type="checkbox"/> Therapy Groups	
<input type="checkbox"/> Therapy		

Additional Recommendations: _____

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BEST CARE EMPLOYEE ASSISTANCE PROGRAM

STATEMENT OF UNDERSTANDING

Welcome to the Best Care Employee Assistance Program. We provide assessment, short-term counseling, and referral services to employees and eligible family members of our customer companies and organizations. These EAP services are provided at no cost to the employee or family member. It is the responsibility of the client to pay for any services outside of the EAP counseling benefit.

Services can be accessed in several ways. You may meet with a counselor in one of our Best Care EAP offices or you may meet with one of our contracted affiliate providers. You may also access our services via electronic means such as telephone, online chat or video (telehealth counseling). Telehealth counseling options are subject to the limitations of internet security. All Best Care EAP and affiliate counselors are licensed in their state of practice. Telehealth counseling is provided pursuant to the laws and regulations of each state.

All EAP counseling services are strictly confidential and your counseling information cannot be disclosed without your permission. There are a few exceptions: 1) If you see one of our affiliate providers, it is necessary for Best Care EAP and your provider to exchange counseling and billing information. 2) Certain reports to authorities are required by law, such as suicidal intent or threats of imminent physical violence toward others. 3) Suspected abuse of children, the elderly, and incompetent or disabled persons must also be reported.

In order to achieve a successful counseling outcome, you are expected to be a full participant in the counseling process. This includes arriving at mutually agreed upon counseling goals and a plan to achieve those goals with your counselor. It also includes attending sessions as scheduled. **Appointment changes with less than 24 hours notice and no shows will count as a session and be deducted from your allotted sessions.** After completing your counseling with Best Care EAP, we will solicit your feedback on that experience as an essential part of our ongoing effort to provide excellent counseling services.

It is the policy of Best Care EAP to use its best efforts to avoid participation in adversarial actions against customer companies or organizations, or in any client legal actions, such as child custody suits, divorce proceedings or personal injury lawsuits. If you are considering such actions, or are involved in such actions, your EAP counselor can refer you to an independent counseling professional for services. Since these services are outside your EAP benefits, costs for those services would be your responsibility.

If you have any questions or concerns about your EAP counseling services, please contact Best Care EAP's Clinical Services Manager, Terry Coleman, at (402) 354-8000 or (800) 801-4182. He will do his best to answer your questions or address your concerns. If you are not satisfied after speaking with Terry, please contact our Corporate Director, Jean Faber at the same number. You may also contact Jeff Prochazka, our Vice President, at Nebraska Methodist Health System, (402) 354-6078, or the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit at (402) 471-2115, regarding your concerns.

By signing below, you acknowledge that you have read and understand this Statement of Understanding and you give your consent for Best Care EAP to provide counseling services for you and any of your minor children who participate in the counseling.

Date: _____

Signature: _____

Date: _____

Spouse/Significant Other: _____