

EAP BILLING LOG

***PLEASE NOTE ALL CLEAN EAP CLAIMS MUST BE RECEIVED WITHIN 90 DAYS FROM DATE OF SERVICE OR CLAIM WILL BE AUTOMATICALLY DENIED.**

***ALL INFORMATION MUST BE COMPLETED OR CLAIM WILL BE RETURNED UNPAID.**

Clinician Name:

Group Name:

SS or EIN #:

Mailing Address:

Date of Service	Patient ID # (LOCATED ON PATIENT TRIAGE)	Intervention	Session Type	Billing Code	EAP Company (Employer)	Date of Birth	Session #	Opening Case			Switch To Insurance (Y/N)
								Employee or Dependent (E/D)	New	Returning	

Payment Per Session: _____ Mailing Address: RWJBarnabas Health Attn: EAP Billing P.O. Box 608 Toms River, NJ 08754
(DO NOT FILL OUT) Fax (732) 505-3882 or Email to Network1@rwjbh.org

Intervention: MH = Mental Health, CD = Substance Abuse, SR = Supervisory Referral **Session Type:** I = Individual, C = Couples, F = Family
Billing Code: 010 = Standard EAP F2F, 012 = Video session, 015 = Telephonic, 020 = SR Initial session, 025 = SR concurrent session