



Ascension

Employer Solutions EAP

Greetings,

Thank you for agreeing to subcontract with us!

To start working with us, we just need you to fill out the Affiliate Application, Provider Licensure and W-9 and fax that back to 920-720-1091 or e-mail it to eap@ascension.org.

After we receive the application, Licensure and W-9, we will be able to send you an authorization with the client's name, phone number and number of sessions that are authorized. This will also have the presenting problem and any notes in regards to this. You are always more than welcome to call us or e-mail us with any questions.

In the first session, please complete the Client Intake form, the Statement of Understanding and give the client the HIPPA form. If needed, complete the Freedom of Choice form which you would fill out if the client is being referred to other services.

The Invoice can be faxed or e-mailed to us after each session for payment that has been negotiated. When you close the client out, simply fill out the closing statement at the bottom of the Intake form and return that to us. If you ever need to request additional sessions, please contact us at the 1-800-540-3758 number. Depending on our contract we authorize 1-8 sessions.

Best regards,

The Ascension Employer Solutions EAP Team

Menasha office: 1550 Midway Place, Menasha, WI 54952 Fax: 920-720-1091

Plover office: 1820 Post Road, Suite 5, Plover, WI 54467 Fax: 715-342-2058

Phone: 800-540-3758

Website: www.ascensionWIEAP.org

Email: eap@ascension.org