



Ascension

Employer Solutions EAP

EAP Invoice for Services Provided by Affiliates

Session Date	Client Name	Company They Receive EAP Benefit Through	Session#	Rate

Total Amount Due: \$ _____

Make check payable to:

Affiliate/Agency Name _____

Address: _____

State & Zip: _____

Federal EIN: _____

Please fax back after each session to **920-720-1091**

If you need to request additional sessions, or have any questions please contact us at 1-800-540-3758 or by e-mail at eap@ascension.org. Our paperwork can be found on our website at ascensionWIEAP.org

Thank you for the work you do!

- After each session fax back this page
- After 1st session fax back signed statement of understanding and new client intake
- After final session fax back the client intake with closing recommendations