

# Ascension WI 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** or email to [eap@ascension.org](mailto:eap@ascension.org)  
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](mailto:eap@ascension.org). Our paperwork can be found on our website at [ascensionWIEAP.org](http://ascensionWIEAP.org)

Thank you for the work you do!

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

1550 Midway Place, Menasha, WI 54952

1820 Post Road, Suite 5, Plover, WI 54467

