

CONCERN[®] SERVICES

PAPERWORK INSTRUCTIONS FOR LOCAL EAP AFFILIATES

1. When you accept a referral from CONCERN, you will receive a packet that includes:
 - Authorization Letter (stating the number of sessions and dates authorized)
 - Billing/Closure Form
 - Client's Rights and Responsibilities Form
 - Client Satisfaction Survey (2 pages)
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2. Keeping track of sessions authorized and the starting/ending date of the authorization is essential. The maximum number of EAP sessions is contractually mandated by the employer/CONCERN agreement.
3. The client has no co-payment responsibility and is not to be balance-billed.
4. Do not contact the client's employer. If contact with the client's employer is needed, please call the CONCERN Treatment Coordinator who will initiate communication with the company.
5. **REFERRAL PROCEDURE:** If you need to refer a client for long term mental health or substance abuse treatment beyond the EAP services direct them to their insurance carrier for further information. Should you happen to be a member of an approved insurance panel of providers for that client, they may choose to remain with you. However, you must provide options from which they may choose.
6. Please be aware that all participants in the EAP have access to a wealth of information that may assist them with issues through our on-line services at www.concernservices.com. The participant will need an access code that may be obtained by calling CONCERN Services during regular business hours.
7. CONCERN advocates a **holistic approach** to intervention with its clients. Please discuss the following areas when assessing client's well-being: proper diet, sleep hygiene, exercise, regular preventative medical check-ups.
8. **Upon completion of EAP services return the following forms to generate payment:**
 - **Client's Rights and Responsibilities Form (signed)**
 - **HIPAA Notice of Privacy Practices (signed)**
 - **Billing/Closure Form (please do not send insurance claim forms in lieu of our specialized form).**
 - **Completed Satisfaction Surveys**

NOTE: In order for payment to be processed, the forms must be received within 180 days from the last date of service. Please mail or fax the completed forms to:

**CONCERN[®] Services
11121 Kenwood Road
Cincinnati, Ohio 45242
Attn: Affiliate Services
Fax Number (513) 891-0838 or
Email: CONCERN-AS@TRIHEALTH.COM**

Please call with any questions or concerns that may arise with the EAP referral or procedures. Our local phone number is (513) 891-1627 or toll free 1-800-642-9794 and our fax number is (513) 891-0838. The email address is: CONCERN-AS@TRIHEALTH.COM.

Thank you for your assistance in providing our clients with quality care and prompt service.