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|  |  | INVOICE |
|  |  | Date: [Month, Day, Year]  INVOICE # 100 |
| **From:** [Group/Practice Name]  [Provider Name]  [TIN]  [Phone Number] | **TO:** | Mercy EAP  1630 Des Peres Road Suite 300  St. Louis MO 63131  P: 314-729-4650  F: 314-729-4636 |

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| --- | --- | --- | --- |
|  |  |  | Payment Terms: Net 30 |

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| --- | --- | --- | --- | --- | --- | --- |
| Activity | Appointment Date | Client Name | Authorization Number | Assessed Problem | Closing Reason | Rate per Mercy EAP Contract |
| Choose an item. | Click or tap to enter a date. |  |  | Choose an item. |  | $ |
| Choose an item. | Click or tap to enter a date. |  |  | Choose an item. |  | $ |
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| TOTAL: | | | | | |  |

Thank you for your service!

[Billing Contact Name] [Street Address City, ST ZIP Code] [Phone: (000)…] [Fax: (000)…] [Email:]

**EAP Activity/Assessed Problem/Closing Reason Guide**

1. Activity Key:

* I Initial Appointment
* FU Follow up Appointment
* CL Closing Appointment
* NS/CX No Show/Cancelled

1. Assessed Problem Key:
   * AO Addictions – Other
   * A Anger
   * ANX Anxiety
   * B Bullying
   * C Coaching
   * CP Critical Psych
   * D Depression
   * ED Eating Disorders
   * EC Elder Care
   * FCD Family CD
   * F Financial
   * G Grief
   * IPV Intimate Partner Violence
   * JI Job Issues
   * L Legal
   * M/R Martial/Relationship
   * PC Parent Child
   * PM Physical/Medical
   * SF Social/Family
   * S Stress
   * SA Substance Abuse
2. Closing Reason Key:
   * DNFR Did not follow recommendations
   * I Improved
   * PI Partially Improved
   * R Resolved
   * TER Terminated from employment
   * TRAN Transferred to other care
   * DECL Declined further EAP sessions

Any questions please call Mercy EAP at 314-729-4650.