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

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|  |  |  | Payment Terms: Net 30 |

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| --- | --- | --- | --- | --- | --- | --- |
| Activity(See Guide 1) | Appointment Date | Client Name | Authorization Number | Assessed Problem (See Guide 2) | Closing Reason(See Guide 3) | Rate per Mercy EAP Contract |
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| TOTAL:  |  |

Thank you for your service!

**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.