



EAP Authorization – Information needed

Please collect this information before billing a client utilizing an EAP. Kathy requires this information to ensure billing works. Send a copy of this completed form to Kathy, or include all of this information in a Kareo message to her.

Client name: _____

Insurance: _____

EAP insurance, if different: _____

EAP Insurance ID: _____

(will be different if primary insurance uses another company) i.e Has UHC but uses Cigna for EAP

EAP Authorization number: _____

EAP number of visits and dates: _____

EAP Codes payable: _____