

# TriHealth EAP®

## TriHealth EAP Affiliate Instructions

**NOTE: In order for payment to be processed, all forms must be received within 180 days from the last date of service.**

1. When you accept a referral from TriHealth EAP, 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
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/TriHealth 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 TriHealth 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.trihealthheap.com](http://www.trihealthheap.com). The participant will need their access code that may be obtained by calling TriHealth EAP Services during regular business hours or it is included on the bottom of the authorization letter.
7. TriHealth EAP 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, and regular preventative medical check-ups.

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Upon completion of EAP services, return the following forms to generate payment:

- Client's Rights and Responsibilities Form (signed)
- Billing/Closure Form (please do not send insurance claim forms in lieu of our specialized form).

Please send forms via one of these methods:

**Mail:** TriHealth EAP

Attn: Affiliate Services

4665 Cornell Rd., STE 350

Cincinnati, OH 45241

**Fax:** 513 852 3058

**Email:** [corporatehealthbilling@TriHealth.com](mailto:corporatehealthbilling@TriHealth.com)

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

