

**FIRST SUN EAP ALLIANCE, INC.**

2700 Middleburg Drive Suite 208

Columbia, SC 29204

(800) 968-8143 (803) 376-2668, Fax (803) 799-3772

**NETWORK SERVICE LOG**

*You may use this form for multiple clients*

**FAX OR MAIL THIS FORM  
BY THE 6<sup>th</sup> OF EACH MONTH  
TO ASSURE PAYMENT.**

**SERVICE CODES:** C - Clinical Session (we do not pay for no shows) G - Group (must pre-certify sessions) T – Training (must be pre-approved)

Authorization # (see Notes)	Primary Client Name or Title of Training	# Attending training	Employee's Company	Date	Service Code	Time spent in session	Case Closing Data (Report at last session or if client discontinues)		
							Disposition (codes below)	Still Employed?	If Referred, where to?

**Disposition:** Improved Unimproved Worse Discontinued Service Other Continuing in new contract year

**IMPORTANT NOTES:**

**FIRST SUN EAP MUST RECEIVE THE NETWORK SERVICE LOG NO LATER THAN THE 6<sup>th</sup> OF EACH MONTH.**

**NETWORK SERVICE LOGS RECEIVED AFTER THE 6<sup>th</sup> WILL BE PROCESSED DURING THE NEXT BILLING CYCLE.**

- Call First Sun immediately if you assess our client as a **danger to self/others, of questionable fitness for duty or if leave time from work is needed.** For employees regulated by: DOE, DOT, DOD, NRC- we must be notified of substance abuse problems. We will work with you to assure safety of both client and workplace.
- If you don't have an authorization number, please call us to obtain authorization for services. We can not pay for sessions until the month after services were provided.
- No fees may be charged to the client above the designated client copay. This includes fees that may be lost due to faulty billing. Fees may be charged for no shows if the client had informed consent.
- On your last authorized EAP session **OR** when client discontinues services, please complete the **Case Closing Data** for our statistical records

Provider's Printed Name	Provider and/ or Group Name, Mailing Address  <input type="checkbox"/> Check here if address has changed	Signature of Provider including credentials
Provider's Phone Number	Provider's Fax Number	Employer I.D. Number (SS# or F.E.I.D.#)
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