Organizational Service Invoice

Provider Name:	Case Authorization #:
Make Check Payable to:	
Billing Address:	
Phone Number:	
Provider Contract Number:	

Types of Services and Rates:

Debriefing: $110.00 per hour, not to exceed 2 hours unless pre-approved by EAP
Training: $120.00 per hour during defined training seminar
Health Fairs: $60.00 per hour during defined fair hours, not to exceed 3 hours unless pre-approved by EAP
Travel Time: $50.00 per hour

Service Log:

Date of Service	Type of service	Time Spent	Reimbursement Amount:
			$
			$
			$
		Total Reimbursement Request:	**$**

Signature:_____ **Date:**_____

INSTRUCTIONS: To receive payment, all forms are due ten business days from the date of service. All forms and instructions for providers are available at eap.wa.gov under Contracted EAP Providers—Current Providers.

To Fax (preferred method): send this form with all complete case documents to: **(360) 664-0498**

To Mail: Seal the case record in an envelope marked "*Confidential—for EAP only*." Place in an outer envelope addressed to: **Washington State Employee Assistance Program**
1222 State Ave NE Suite 201, Olympia WA 98506-4235

Approval (for EAP use only):