Palmetto EAP Invoice for Services

2711 Middleburg Dr. Suite 205 * Columbia, SC 29204 * 803-929-0661 * 803-929-0762 fax * taraw@palmettoeap.com

Primary Client	EAP Employer	Date of Service	Type of Service	Length of session	Contract Fee
Joe Smith	PEAP	01/01/16	C	60	$60.00
TOTAL					$60.00

EAP Sessions are limited to 6 visits or $360 per contract for full time employee and their dependents.

C = Clinical Session *$60/hr*

G = Group *$14/hr*

Corresponding UR Data Forms (Intake only) should be submitted for <u>each</u> family member participating in services.

Monthly invoice should be submitted by the <u>7th of the month following services</u> or reimbursement will be denied.

Information below should correspond with the W-9 we have on record

Practice Name: Bee Kind Counseling Vendor Fed. ID #: 123658

Counselor Name: See Bee Counselor/Credentials: LPC

Full Mailing Address: 111 Bee Rd. Columbia, SC 29204

Provider Phone Number: 888-888-8888 Provider Fax Number: 888-888-8889

Provider Email Address: sue@beecounseling.com

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