



Palmetto EAP Invoice for Services

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

Patient	Employer Providing EAP Benefit	Date of Service	Type of Service	Length of Service	Contract Fee

EAP Sessions are limited to 6 visits or \$360.00 per contract for full time employees and their dependents

C- Clinical Session \$60hr

G -Group Session \$14hr

Corresponding UR Data Form (intake only) should be submitted for each family member participation in services

Monthly Invoice should be submitted by the 7th of the month following services or reimbursement will be *denied*.

Information below should correspond with the W-9 we have on record, please send all updates for this information to info@palmettoeap.com

Practice Name:

Counselor Name:

Credentials:

Full Mailing Address:

Provider Phone Number:

Fax Number:

Provider Email: