



eviCore EAP

p 716.712.2777 | f 716.712.2796 | e eap@eviCore.com

EAP PROVIDER COMMUNICATION PACKET

TO:
FAX:

FROM:
DATE:

_____ of _____ has received an administrative referral to eviCore EAP for the following reason(s):

NOTE: Please forward the date of first scheduled appointment by fax or email.

Please be aware that employers expect that employees take administrative referrals very seriously and that untimeliness or deficits in reporting of information as requested by the EAP may result in significant workplace consequences such as on-going disciplinary actions up to an including termination from employment. All communication of employee compliance should be with eviCore EAP and NOT with the employer.

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EAP Providers should forward this form to eviCore EAP by fax or e-mail

Employee Name:

Date of Case Opened:

Employer:

Please complete in reference to the time frame: _____ through _____

(Please check all that apply)

_____ No contact from employee

_____ Date of appointment(s) _____

_____ No current need for additional EAP appointments

_____ Date of next scheduled appointment _____

_____ EAP services determined appropriate and continuing

_____ Treatment beyond EAP benefit need indicated, employee accepted referral to _____

_____ Treatment beyond EAP benefit need indicated, employee refused referral

_____ Successful completion of all recommendations by EAP provider

_____ Other: _____

EAP Provider Signature: _____ Date: _____

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