



eviCore EAP

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

TREATMENT PROVIDER COMMUNICATION PACKET

TO: _____ **FROM:** _____
FAX: _____ **DATE:** _____

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

Please have employee complete a **release of information** to eviCore EAP at his/her first appointment.

- This employee has an appointment for an **out-patient chemical dependency** evaluation at your facility on _____ at _____
- Please ensure that this employee receives a drug screen/breathalyzer during the CD evaluation
- This employee has an appointment for an **out-patient mental health evaluation** at your facility on _____ at _____
- Treatment Provider Communication Form for completion and return
- Please include all toxicology/breathalyzer results

NOTE: Payment for these services is the responsibility of the employee. No billing documentation is to be forwarded to eviCore EAP for these services.

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-gong disciplinary actions up to an including termination from employment. All communication of employee compliance should be with eviCore EAP and NOT with the employer.

