



**Family Service of the Chautauqua Region**  
 332 East Fourth Street, Jamestown, NY 14701 (716) 488-1971 fax (716) 483-6878  
 Email: familyservice@fscr.mygbiz.com

## EAP Services Confirmation

**Please complete this form and forward to Family Service EAP for reimbursement of services rendered. As indicated in your Affiliate Agreement we must receive an invoice within 90 DAYS or payment will NOT be authorized.**

Contact Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

EAP Employer: \_\_\_\_\_

Referral Source:  Voluntary  Suggested  Mandated

Provider Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Number of Authorized Sessions: \_\_\_\_\_ Contracted Fee: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

\_\_\_\_\_  
 Provider Signature

\_\_\_\_\_  
 Date

Thank you for providing a valuable service to our clients!