

## **Employee Resource Systems, Inc.**

29 East Madison Street, Suite 1600

Chicago, Illinois 60602

Phone: (866) 377-5550

Fax: (312) 780-6344

### **Affiliate Instruction Sheet**

Thank you for accepting this referral. Please complete the paperwork as directed below. If you need additional copies, they are available for download from our website: [www.ers-eap.com](http://www.ers-eap.com). You may also call the ERS Case Manager to request additional copies by mail or fax.

1. The **Statement of Understanding**, the **Release of Information**, and the **Privacy Notice** must be review and signed by the client at the first session.
2. **Client Data Form** (2 pages): This is to be used as an assessment form and should be completed following the first or second authorized sessions. For session #3 or higher, make additional copies of the 2<sup>nd</sup> page and complete when appropriate.
3. **ERS Billing Statement**: At the conclusion of the authorized sessions, submit your completed billing statement within 60 days of the final session. Bills submitted on forms other than the ERS Billing Statement will no be paid. Please adhere to the ERS Clinical Affiliate fee of \$65.00 per session.
4. Please mail or fax all completed clinical paperwork (Statement of Understanding, Privacy Notice, Client Data Form, and ERS Billing Statement) to the ERS Case Manager within 60 days of the final session.