

EMPLOYEE RESOURCE SYSTEMS, INC.
AFFILIATE AGREEMENT

1. Affiliate agrees to work as an independent contractor, not an employee of ERS. ERS will pay affiliate **\$65.00 per session for EAP assessment**. Sessions lasting longer than one hour will not be reimbursed on a pro-rated basis.
2. Affiliate must be licensed in state of resident practice and must continuously maintain \$1 million/\$3 million professional malpractice insurance. Proof of malpractice insurance must be on file with ERS. ERS must be informed immediately of any change in affiliate's licensure or malpractice status.
3. An ERS counselor will contact affiliate with referrals for assessment and will authorize assessment sessions based on the provisions of the client company contract with ERS. The ERS counselor will send affiliate written authorization of the number of sessions authorized. Clinical information packets with ERS documentation and billing forms are available from our website: www.employeeresourcesystems.com.
4. Affiliate will conduct in-person assessments of ERS clients. Affiliate agrees to abide by all state and federal statutes pertaining to confidentiality.
5. After meeting with the client, affiliate will telephone the referring ERS counselor to discuss the assessment, diagnosis, and recommendations. To avoid conflict of interest, affiliates may not refer assessed clients into their own practice without clearance from ERS. Depending upon the presenting problem and client's needs and resources, affiliate will assist ERS in locating an appropriate local referral resource. ERS will facilitate referral to client's insurance coverage.
6. Within sixty days of the last session with the client, affiliate will submit complete clinical documentation on contact with the client (Client Data Form, Statement of Understanding, all necessary Releases of Information and the ERS billing form) to the ERS clinician who made the referral. Bills submitted without supporting documentation and those that are received more than 60 days after the last session will not be reimbursed. **Affiliate may only bill ERS, under no circumstances may the affiliate bill the client.**
7. You may keep a copy of your documentation of contact with the client for your own record.
MAIL THE ORIGINAL OF THE COMPLETED ERS FORMS TO:

Employee Resource Systems, Inc.
29 East Madison, Suite 1600
Chicago, IL 60602
Phone: 866-377-5550
Fax: 312 -780-6344

The above document defines the agreement between Employee Resource Systems (ERS) and Clinical Affiliate.

Please Print Name

Signature

Date

ERS Provider Relations Department

Date



29 E. Madison, Suite 1600