



Affiliate Agreement

1. Affiliate agrees to work as an independent contractor, not an employee of Advantage EAP. Advantage EAP will pay affiliate **\$65.00 per session for EAP assessment.**
2. Affiliate must be licensed in state of resident practice and must continuously maintain \$1 million per occurrence/ \$3 million aggregate professional malpractice insurance. Proof of malpractice insurance and licensure must be on file with Advantage EAP. Advantage EAP must be informed immediately of any change in affiliate's licensure or malpractice status.
3. An Advantage EAP counselor will contact affiliate with referrals for assessment and will authorize assessment sessions based on the provisions of the client company contract with Advantage EAP. The Advantage EAP counselor will send affiliate written authorization of the number of sessions authorized.
4. Affiliate will conduct in-person assessments of Advantage EAP 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 Advantage EAP 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 Advantage EAP. Depending upon the presenting problem and client's needs and resources, affiliate will assist Advantage EAP in locating an appropriate local referral resource. Advantage EAP 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 Advantage EAP billing form) to the Advantage EAP 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 Advantage EAP; 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 ADVANTAGE EAP FORMS TO:

ADVANTAGE EAP
4100 VETERANS PARKWAY
McHENRY, IL 60050

Please Print Name

Signature

Date

Advantage EAP Provider

Date