



PROGRAM UTILIZATION FORM

PLEASE PRINT OR TYPE

Therapist Name:	ACI Auth#:
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Facility Name (if applicable):

Email:	Date of Referral: / /
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EMPLOYEE DATA

(Pertains to the employee who is covered by the EAP)

Company Name:

Employee Name:

CLIENT DATA

(Pertains to the person being seen)

Client Name (may be employee):

Date Seen: <table border="1" style="width:100%"> <tr><td>/ /</td></tr> <tr><td>/ /</td></tr> <tr><td>/ /</td></tr> <tr><td>/ /</td></tr> <tr><td>/ /</td></tr> <tr><td>/ /</td></tr> </table>	/ /	/ /	/ /	/ /	/ /	/ /	"X" for No Show <table border="1" style="width:100%"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>							Session Type (select one): <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Telephonic: 30-minute <input type="checkbox"/> Telephonic: 50-minute Case Disposition (select one): <input type="checkbox"/> Open <input type="checkbox"/> Closed Date Closed: / /	<p style="text-align:center">For your convenience:</p> <p>This form and ACI billing policies and procedures can be located online at www.acieap.com.</p>
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All communication with the corporate entity, including the Human Resources department, any corporate employees, HR personnel, contractors of that entity, and others associated with that entity, is expressly forbidden. Such contact is a major violation of the governance of professional licensing (BBSE) regarding client confidentiality, a breach of the contract with ACI and may well produce examination of license as well as creating a civil tort. Even when a release of privilege is signed, that release is to ACI Specialty Benefits, not to you as a contracted provider of service. All contacts relating to any matter, including but not limited to the Supervisor Mandatory Referral System (SVR), EAP services, employee issues, and any issues regarding payment or invoicing, including overdue invoices, must be communicated through ACI. Failure to comply with this policy will lead to ACI contract termination, removal from the international network and/or prosecution in civil court for major or minor damages.

Billing Tips/Reminders: *Billing must be remitted within the terms of the ACI independent contractor agreement in order to be reimbursed. Per ACI contract: Contractor agrees to follow provider policies and procedures. Provider must submit appropriate forms within **30 days of last date of service** in order to be reimbursed. Per ACI policies: The provider will not be paid for unauthorized sessions. Unauthorized sessions and/or billing received beyond 30 days from last date of service cannot be reimbursed. Provider may submit billing after final DOS or after each session. A W-9 is required. ***Reimbursement policy: By submitting ACI Program Utilization Form the provider acknowledges and agrees to ACI Billing Policies.** Payment terms: Net 60.

Billing Inquires: To ensure efficiency, ACI recommends remitting all billing inquiries via email or fax. DO NOT remit duplicate Program Utilization Forms.

ACI Finance Department
 Email: billing@acispecialtybenefits.com

Has your contact information changed? Provider Updates: To ensure accuracy and efficiency, contact information updates should be remitted through the ACI website. Licensing and malpractice insurance updated documentation should be remitted after each renewal. **All address updates require a W-9.**

ACI Provider Relations
 Email: provider-relations@acispecialtybenefits.com