

EMPLOYEE RESOURCE SYSTEMS, INC.

AFFILIATE INSTRUCTION SHEET

29 E. Madison, Suite 1600

Chicago, IL 60602

Phone: (866) 377-5550

Fax: (312) 780-6344

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-usa.org. You may also call the ERS Case Manager to request additional copies by mail.

1. **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 2nd page and complete when appropriate.
2. The **Statement of Understanding**, the **Release of Information**, and the **Privacy Notice** must be reviewed and signed by the client at the first session.
3. **ERS Billing Statement**: At the conclusion of the authorized sessions, submit your bill within **60 days** of the final session. Bills submitted on forms other than the **ERS Billing Statement** will not be paid. Please adhere to the ERS Clinical Affiliate fee of \$65.00 per session.
4. Please mail your original **Client Data Form** and **Statement of Understanding** along with your **ERS Billing Statement** to the EAP Counselor within 60 days of the final session.



08/08/05

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