EAP ASSESSMENT AND REFERRAL SPECIALTY AND CONFIDE

Evernorth Behavioral Health

Employee Assistance Program (EAP) Assessment and Referral specialty and Confide opt-out form

DIRECTIONS:

To avoid the potential loss of data, please complete the following steps and submit this form.

Step 1: Save this form to your computer

Step 2: Complete the form in its entirety using Adobe Acrobat Reader DC

Step 3: Save the completed form to your computer

Step 4: Submit the saved form to Evernorth using one of the methods listed below

As a participating provider with Evernorth Behavioral Health, Inc., you have been automatically

identified as having the Employee Assistance Program (EAP) Assessment and Referral specialty and providing services under the Confide program, unless you elect to opt out.

With this specialty, you are able to perform EAP assessment and referral services and render treatment under the Confide program, which include:

- Short term counseling that focuses on problem identification and resolution; and/or
- Referral to an appropriate resource to complete problem resolution.

Unless you submit this opt-out form as directed below, you may receive EAP and Confide referrals. Your directory profile includes the EAP Assessment and Referral specialty.

I would like to **opt out** of the EAP Assessment and Referral specialty and Confide program.

Date: Provider name:

National Provider Identifier (NPI):

Provider State: _____

Provider signature: _____

Why are you choosing to opt out?

Contracted rate for CPT[®] code 99404

EAP billing and administration process

- Not accepting new patients
- Other (please explain):

Please email, fax or mail your opt-out request to:

- Email: <u>cforms@evernorth.com</u>
- **Fax:** 860.687.7257
- Mail: Evernorth Behavioral Health Attn: Network Operations - EAP 6625 W 78th Street, Suite 100 Bloomington, MN 55439

EVERNORTH

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