EAP Claim Form

This form must be completed by the provider for all III-A member EAP claims and submitted to: claims@iii-a.org

Provider's Name:	
Incident: (Description ex: grief, anxiety, work stress, bullying, divorce etc.)	

Service Date	Authorization Code	Charge
	TOTAL CHARGES	0.00

EAP Benefit: 10 visits per incident per calendar year, for each family member.

If you do not have a secure email system, you can email the above email address and request a secure email link