Humboldt IPA

Humboldt IPA Employee Assistance Program
Mental Health Provider Participation for 2019

Please indicate your level of participation for 2019 and return this form via e-mail (bcherry@humboldtipa.com), fax (443-2527), or US mail as soon as possible.

As an EAP provider you are agreeing that the EAP is your "established client" and you will assign priority to EAP's referred members.

A-List

I would like to receive EAP referrals during 2019 and will participate in providing call coverage 24 hours a day, 7 days a week, through a shared call arrangement with other EAP network providers during the following selected period(s):

☐ **Quarter 1** (January 1 through March 31)

☐ **Quarter 2** (April 1 through June 30)

☐ **Quarter 3** (July 1 through September 30)

☐ **Quarter 4** (October 1 through December 31)

B-List

☐ I would like to receive EAP referrals during 2019 but I **do not** want to be on the 24-hour call list.

☐ I do not want to be an EAP participating provider

Please update my address and contact information as follows:

_____

_____

_____

Printed Name _____

Signature _____ Date _____

Humboldt Independent Practice Association

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