Case #: __________ __________ __________
Client's/Clients' Name(s):______________________

SESSION DOCUMENTATION & INVOICE FORM

Completed by Affiliate: **Document each session; Make additional copies as needed**

Session #: **Session Date:** **Session Type:** ☐ **Assessment** ☐ **Problem Solving**

1. Focus of session- include functional status (this is not a psychotherapy note):

2. Homework:

Affiliate Signature/Credential: ____ **Date:** _____________________

Session #: **Session Date:** **Session Type:** ☐ **Assessment** ☐ **Problem Solving**

1. Focus of session- include summary of progress, change in action plan & functional status (this is not a psychotherapy note):

2. Homework:

Affiliate Signature/Credential: ____ **Date:** _____________________

Session #: **Session Date:** **Session Type:** ☐ **Assessment** ☐ **Problem Solving**

1. Focus of session- include summary of progress, change in action plan & functional status (this is not a psychotherapy note):

2. Homework:

Affiliate Signature/Credential: ____ **Date:** _____________________

Session #: **Session Date:** **Session Type:** ☐ **Assessment** ☐ **Problem Solving**

1. Focus of session- include summary of progress, change in action plan & functional status (this is not a psychotherapy note):

2. Homework:

Affiliate Signature/Credential: ____ **Date:** _____________________

FOLLOW-UP

Complete following final session: Document initial follow-up contact after final session. When appropriate, contact referral resource. Three attempts should be made to contact client – document all attempts. **This must be completed for payment.**

DATE	TIME	TYPE OF CONTACT	PERSON CONTACTED	INFORMATION RECEIVED

BILLING INFORMATION

Submit all paperwork to First Advantage, Workplace Services● PO Box 1670 ● Bethesda, MD 20827 for payment.
Do not send an invoice (even $0 statement) to client.

Payment Note: You will receive reimbursement according to your contracted rate after we receive and review the originals of the completed paperwork packet on the client. Reimbursement will be sent to the address you filled in on your most recent W-9. If your payment address has changed, please call our Network Manager (800.935.9552 x6146) & submit a new W-9 (301.795.3040).

Total # of Sessions: __________ **x Rate $**________

Total Due: $__________

Payable to: ____________________________

Revised 2.04