

PROVIDERfiles

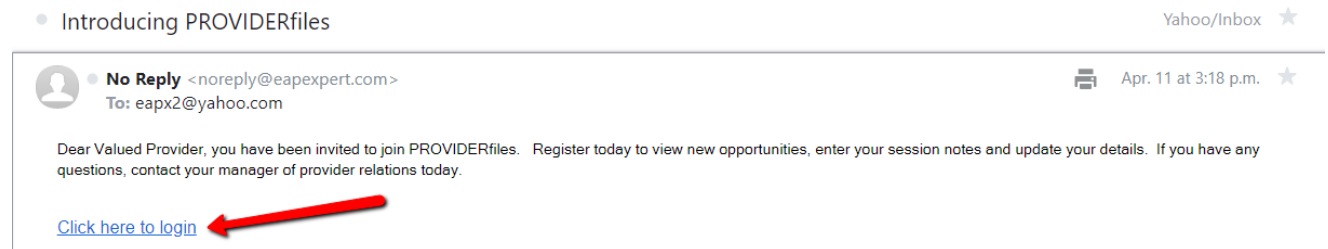
Provider's User Guide for



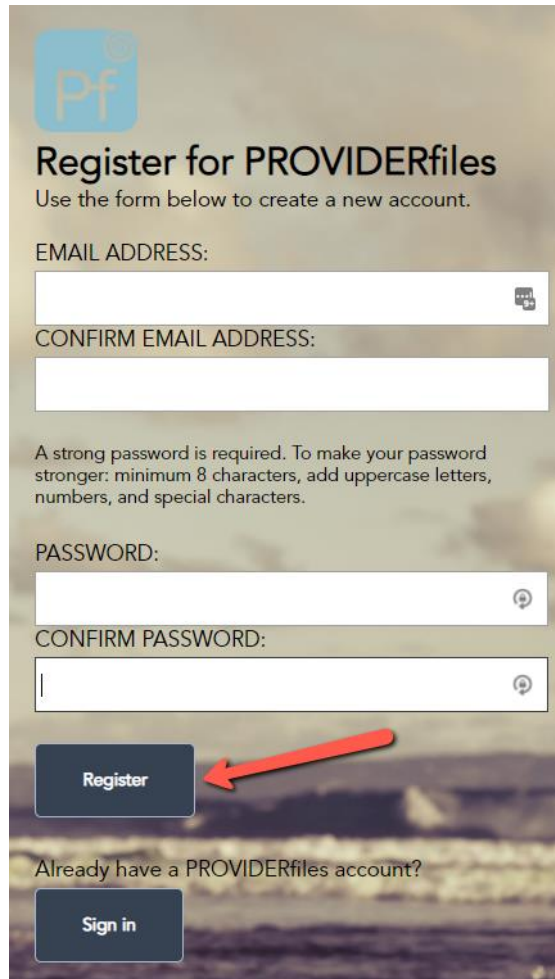
We Help People **Be Better** at Work


Getting Started

Upon receiving the email invitation from First Sun EAP, click the link to register with PROVIDERfiles (Pf) web portal.



To register, you must enter the same email address found in your emailed invitation as this is your username. Immediately after clicking **Register**, you will be able to sign in.





Register for PROVIDERfiles

Use the form below to create a new account.

EMAIL ADDRESS:

CONFIRM EMAIL ADDRESS:

A strong password is required. To make your password stronger: minimum 8 characters, add uppercase letters, numbers, and special characters.

PASSWORD:

CONFIRM PASSWORD:

Register

Already have a PROVIDERfiles account?

Sign in

Forgot Password?

If you forgot your password, click on **Reset/Forgot Password** and follow the prompts. You will receive an email to reset it.

Welcome! Please enter your user name and password below

LANGUAGE:*
English

USER NAME:
eapexpert15@gmail.com

PASSWORD:

Don't have an account or recently updated your email with your EAP? Click here to [Register](#)

Log In Reset / Forgot Password

Already Registered?

If you have registered with Pf using a previous invitation from another EAP, there is no need to register again. Log in with your same USER NAME and PASSWORD to view opportunities and update your profile information.

Changed Your Email Address?

If you have a new email address, please notify First Sun EAP. They will update your profile information in their software. Once completed, click on the **Register** link and access your Pf information using the new email address.

Welcome! Please enter your user name and password below

LANGUAGE:*
English

USER NAME:
eapexpert15@gmail.com

PASSWORD:

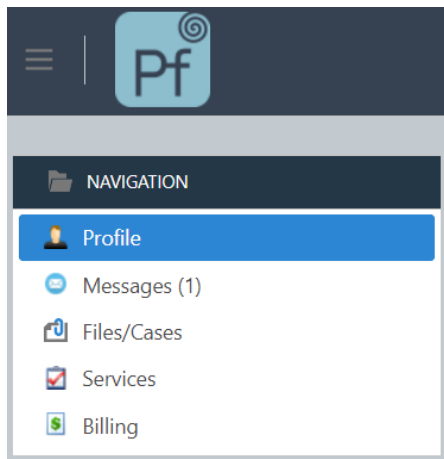
Don't have an account or recently updated your email with your EAP? Click here to [Register](#)

Log In Reset / Forgot Password

This takes you to the registration page. (Use the same steps as when you first registered.) Enter your new email address and password twice (The second time for confirmation).

Provider Profile

Profile in PROVIDERfiles will allow you to update any information about yourself and your practice. It is important to check that this is all filled out before ***you can start receiving authorizations.***



After signing in, click on **Profile** in the Navigation window. Here you will see your Details, Counseling Locations, Licensing, Liability Insurance, Documents and Knowledge Base.

Your general information is located in **Provider Details** (i.e., name, tax ID, DOB, billing/ mailing addresses, email address, and phone numbers).

A screenshot of the 'Profile' page in the PROVIDERfiles application. The page title is 'Profile for eapexpert12@gmail.com'. There are two buttons at the top right: 'Save' and 'Change My Password'. Below the title, there are two dropdown menus: 'SELECTED EAP:' with 'Demo Full PF2020' selected, and 'SELECTED PROVIDER:' with 'Barnaby Counseling - eapexpert12@gmail.com' selected. Below these are seven tabs: 'Provider Details' (active), 'Counseling Locations', 'Licensing', 'Liability Insurance', 'Documents', 'Knowledge Base', and 'Accept Opportunity'. The 'Provider Details' tab is selected, showing fields for 'BUSINESS NAME:' (Barnaby Counseling), 'EMAIL ADDRESS:' (eapexpert12@gmail.com), 'Mailing (Please type and choose from the list)', and 'ADDRESS:' (88 Bernard Avenue, Old Toronto, ON, Canada, M5R 1R7).

At the bottom of the screen, you will find the following under **Attributes**.

Attributes

Credentials

Specializations

Languages

Associations

Shared Provider Information

Add

Remove

NAME

No data to display

Credentials

Click **Add** to update and add a new credential.

Attributes

Credentials

Specializations

Languages

Associations

Shared Provider Information

Add

Remove

NAME

No data to display

To display the available credentials, enter specific text to search and click on the magnifying glass to the right to display the selection(s). Check the selection box and then the information below. Click **OK** to save and return to the previous page.

Credential

Text to search..

NAME
<input type="checkbox"/> M.A. - Counseling Psychology
<input checked="" type="checkbox"/> Master of Divinity, Theology & Counselling
<input type="checkbox"/> MCouns - Master of Counselling
<input checked="" type="checkbox"/> MCP - Masters of Counselling Psychology
<input type="checkbox"/> MMT - Master of Musical Therapy
<input type="checkbox"/> MSc.

OK

Cancel

The credentials selected are displayed in the grid.

Attributes

Credentials

Specializations

Languages

Associations

Shared Provider Information

Add Remove

<input type="checkbox"/>	NAME
<input type="checkbox"/>	Master of Divinity, Theology & Counselling
<input type="checkbox"/>	MCP - Masters of Counselling Psychology

To remove a credential, check the box to the left and then click on **Remove**.

Attributes

Credentials

Specializations

Languages

Associations

Shared Provider Information

Add Remove

<input type="checkbox"/>	NAME
<input checked="" type="checkbox"/>	Master of Divinity, Theology & Counselling
<input type="checkbox"/>	MCP - Masters of Counselling Psychology

You will be prompted to confirm the change. Click **OK** to remove the selection(s) or **Cancel** to return to the previous screen without making any changes.

You are about to unlink the selected record(s). Do you want to proceed?

OK

Cancel

Please make sure to click **Save** at the top of your screen after making any changes/additions to your profile.

Save


Change My Password


Log Off


Specializations

Click **Add** to update a new specialization.

Attributes

 Credentials

 Specializations

 Languages

Associations

Shared Provider Information

Add


Remove

NAME

To display the available specializations, enter specific text to search or click on the magnifying glass to the right to display all the specializations available for selection. Check the box for each one and then the information below. Click **OK** to save and return to the previous page.

Specialization

Text to search...






	NAME
<input checked="" type="checkbox"/>	Child/Adolescent Issues
<input type="checkbox"/>	Child/Eldercare Resource Assistance
<input type="checkbox"/>	Christian/Spiritual
<input type="checkbox"/>	CISM/CISD
<input checked="" type="checkbox"/>	Couple/Marital

OK

Cancel




The specializations selected are displayed in the grid.

Attributes

 Credentials	 Specializations	 Languages	Associations	Shared Provider Information
Add Remove				
<input type="checkbox"/>	NAME			
<input type="checkbox"/>	Child/Adolescent Issues			
<input type="checkbox"/>	Couple/Marital			

To remove a specialization, check the box to the left and then click on **Remove**.

Attributes


 Credentials	 Specializations	 Languages	Associations	Shared Provider Information
Add Remove				
<input type="checkbox"/>	NAME			
<input type="checkbox"/>	Child/Adolescent Issues			
<input checked="" type="checkbox"/>	Couple/Marital			

You will be prompted to confirm the change. Click **OK** to remove the selection(s) or **Cancel** to return to the previous screen without making any changes.

You are about to unlink the selected record(s). Do you want to proceed?

OK	Cancel
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Please make sure to click **Save** at the top of your screen after making any changes/additions to your profile.

Save	 Change My Password	Log Off
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Languages

Click **Add** to update a new language.

Attributes

 Credentials	 Specializations	 Languages	Associations	Shared Provider Information
Add Remove				
<input type="checkbox"/>	NAME			

To display the available languages, enter specific text to search or click on the magnifying glass to the right to display all the languages available for selection. Check the box for each one and then the information below and click **OK** to save and return to the previous page.




Language

<input type="text" value="Text to search..."/>		
<input checked="" type="checkbox"/>	NAME	
<input checked="" type="checkbox"/>	English	
<input type="checkbox"/>	Farsi	
<input checked="" type="checkbox"/>	French	
<input type="checkbox"/>	German	
<input type="checkbox"/>	Greek	

OK	Cancel
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The languages selected are displayed in the grid.

Attributes

 Credentials	 Specializations	 Languages	Associations	Shared Provider Information
Add Remove				
<input type="checkbox"/>	NAME			
<input type="checkbox"/>	English			
<input type="checkbox"/>	French			

To remove a language, check the box to the left and then click on **Remove**.

Attributes


 Credentials	 Specializations	 Languages	Associations	Shared Provider Information
Add Remove				
<input checked="" type="checkbox"/>	NAME			
<input type="checkbox"/>	English			
<input checked="" type="checkbox"/>	French			

You will be prompted to confirm the change. Click **OK** to remove the selection(s) or **Cancel** to return to the previous screen without making any changes.

You are about to unlink the selected record(s). Do you want to proceed?

OK	Cancel
-----------	--------




Please make sure to click **Save** at the top of your screen after making any changes/additions to your profile.

Save	 Change My Password	Log Off
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Associations

Click **Add** to update a new association.

Attributes

 Credentials	 Specializations	 Languages	Associations	Shared Provider Information
Add Remove				
	NAME			

To display the available associations, enter specific text to search or click on the magnifying glass to the right to display all the associations available for selection. Check the box for each one and then the information below and click **OK** to save and return to previous page.

Association

	NAME
<input checked="" type="checkbox"/>	AAMFT
<input type="checkbox"/>	American Play Therapy Association
<input type="checkbox"/>	AMFP Quebec
<input checked="" type="checkbox"/>	APA
<input type="checkbox"/>	ATCB

The associations selected are displayed in the grid.

Attributes

Credentials

Specializations

Languages

Associations




Shared Provider Information

Add Remove

<input type="checkbox"/>	NAME
<input type="checkbox"/>	APA
<input type="checkbox"/>	AAMFT

To remove an association, check the box to the left and then click on **Remove**.

Attributes


 Credentials	 Specializations	 Languages	Associations	Shared Provider Information
Add Remove				
<input type="checkbox"/>	NAME			
<input type="checkbox"/>	APA			
<input checked="" type="checkbox"/>	AAMFT			

You will be prompted to confirm the change. Click **OK** to remove the selection(s) or **Cancel** to return to the previous screen without making any changes.

You are about to unlink the selected record(s). Do you want to proceed?

OK	Cancel
----	--------

Please make sure to click **Save** at the top of your screen after making any changes/additions to your profile.

Save	 Change My Password	Log Off
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Shared Provider Information

PROFILE IMAGE: Click on **Browse** to select an image of yourself to share with the EAP.

PERSONAL STATEMENT: Enter information you would like to share with the EAP.

UNAVAILABILITY DATE START AND UNAVAILABILITY DATE END: Enter the start and end dates of when you will not be available to receive client referrals from the EAP.

UNAVAILABILITY HISTORIES: This grid will display any previous dates you were unavailable.

Attributes

Credentialed
Specializations
Languages
Associations
Shared Provider Information

PROFILE IMAGE:

Browse...

PERSONAL STATEMENT:

UNAVAILABLE DATE START:

UNAVAILABLE DATE END:

UNAVAILABILITY HISTORIES:

CREATED ON	UNAVAILABLE DATE START	UNAVAILABLE DATE END
6/9/2021		
6/2/2021	6/14/2021	7/3/2021

Please make sure to click **Save** at the top of your screen after making any changes/additions to your profile.

Save
Change My Password
Log Off

Counseling Locations include all locations where you offer counseling.

Profile for eapexpert12@gmail.com
Save
Change My Password

SELECTED EAP: Demo Full PF2020
SELECTED PROVIDER: Barnaby Counseling - eapexpert12@gmail.com

Provider Details
Counseling Locations
Licensing
Liability Insurance
Documents
Knowledge Base
Accept Opportunity

New Office Location
Remove Selected



	NAME	ADDRESS	PHONE	CONTACT PERSON
<input type="checkbox"/>	Georgetown Office	2 Draper St, Georgetown, ON, CA, L7G 3C9	555566565533	Kevin
<input type="checkbox"/>	Barnaby Counseling - Bernard Ave	88 Bernard Avenue, Old Toronto, ON, Canada, M5R 1R7	4444444444	Tom Jones



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The **Licensing** and **Liability Insurance** tabs are where you keep your credentials current.

Click **New Licensing** to add your licensure information.


Provider Details Counseling Locations **Licensing** Liability Insurance Documents Knowledge Base Accept Opportunity

New Licensing  Remove Selected 

<input type="checkbox"/>	LICENSE TYPE	LICENSE NUMBER	EXPIRATION DATE	STATE PROVINCE
<input type="checkbox"/>	 LCSW	654855	11/30/2021	MA
<input type="checkbox"/>	 LCSW	654855	11/30/2020	ON

< 1 > 20

Enter the information below and click **OK** to save and return to the previous page.

Licensing 

OK Cancel

LICENSE NUMBER:* 654855

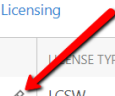

EXPIRATION DATE:* 11/30/2021



LICENSE TYPE: LCSW

STATE PROVINCE: MA

To edit an existing license, click the **EDIT** symbol.

Provider Details Counseling Locations **Licensing** Liability Insurance Documents Knowledge Base Accept Opportunity

New Licensing  Remove Selected 

<input type="checkbox"/>	LICENSE TYPE	LICENSE NUMBER	EXPIRATION DATE	STATE PROVINCE
<input type="checkbox"/>	 LCSW	654855	11/30/2021	MA
<input type="checkbox"/>	 LCSW	654855	11/30/2020	ON

< 1 > 20



Liability Insurance



Click **New Liability Insurance** to add your liability information.

Profile for eapexpert12@gmail.com Save Change My Password ...

SELECTED EAP: Demo Full PF2020 SELECTED PROVIDER: Barnaby Counseling - eapexpert12@gmail.com


Provider Details Counseling Locations Licensing Liability Insurance Documents Knowledge Base Accept Opportunity

New Liability Insurance  Remove Selected 

	INSURANCE CARRIER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
<input type="checkbox"/>	 AIG Insurance Company	265656		12/31/2020
<input type="checkbox"/>	 Farmers Insurance Company	965855	12/31/2021	11/30/2022

< 1 > 20

Enter the information below and click **OK** to save and return to the previous page.

Liability Insurance  OK Cancel

Liability Insurance

POLICY NUMBER: 265656 SINGLE OCCURRENCE: \$1,000,000.00

EFFECTIVE DATE: Tuesday, March 17, 2020 EXPIRATION DATE: 12/31/2020


Insurance Carrier



INSURANCE CARRIER: AIG Insurance Company

ADDRESS: 88 Bloor Street West, Old Toronto, ON, Canada, M5S 1M4

To edit an existing license, click the **EDIT** symbol.

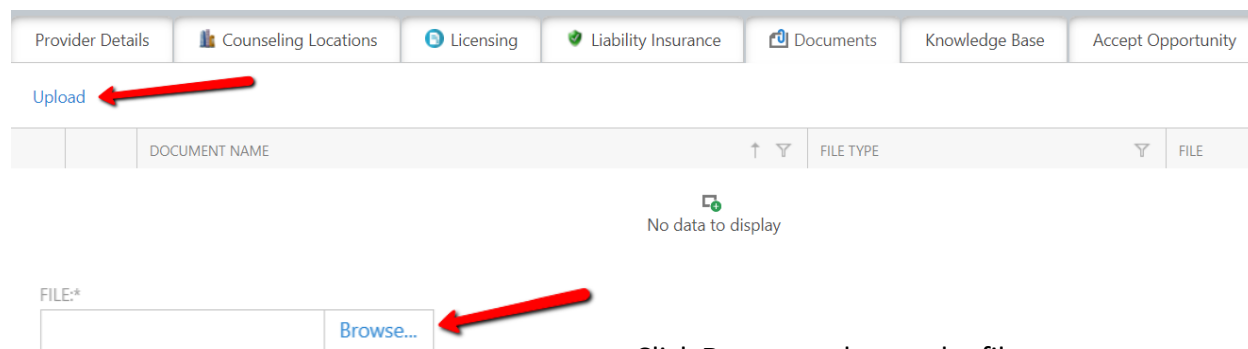
Provider Details Counseling Locations Licensing Liability Insurance Documents Knowledge Base Accept Opportunity

New Liability Insurance Remove Selected 

	INSURANCE CARRIER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
<input type="checkbox"/>	 AIG Insurance Company	265656		12/31/2020
<input type="checkbox"/>	 Farmers Insurance Company	965855	12/31/2021	11/30/2022

< 1 > 20

The **Documents** tab allows you to upload documents pertaining to you as a provider. They become your profile for First Sun EAPs. To upload a document, click on **Upload** and follow the prompts.



Provider Details Counseling Locations Licensing Liability Insurance Documents Knowledge Base Accept Opportunity

Upload

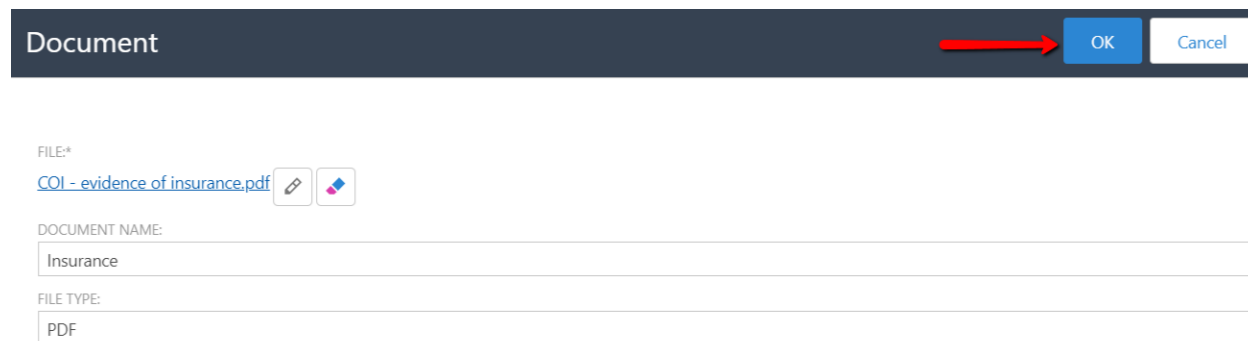
DOCUMENT NAME	FILE TYPE	FILE
No data to display		

FILE:*

Browse...

Click **Browse** to locate the file.

Click **OK** to confirm your selection and return to the previous screen.



Document

OK Cancel

FILE:*

COI - evidence of insurance.pdf

DOCUMENT NAME:

Insurance

FILE TYPE:

PDF

The **Knowledge Base** tab allows you to read and download documents sent to you by First Sun EAP. This may include their policies and procedures or other important information.

Profile for eapexpert12@gmail.com

SELECTED EAP:

BHO EAP

SELECTED PROVIDER:

Dunn CounselingTEST - eapexpert12@gmail

Provider Details

Counseling Locations

Licensing

Liability Insurance

Documents

Knowledge Base

DOCUMENT NAME

FILE TYPE

No data to display

Messaging

Pf

NAVIGATION

Profile

Messages (1)

Files/Cases

Services

Billing

Any time First Sun EAP sends you a new message, you can view it in **Messages** in addition to your personal email.

Messages

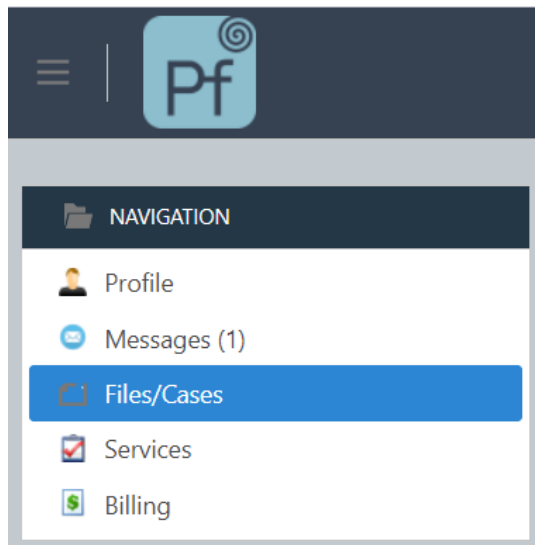
Text to search...

	SUBJECT	DATE	STATUS
Delete	Welcome To Your PROVIDERfiles	11/13/2018	

< 1 >

20

Files/Cases




After signing in, click on **Files/Cases** to see your referral opportunities pending, open files, and closed files (Read only).

Referral Opportunities Pending

For **Private Practitioners** and **Group Practice** office administrators to view a new opportunity, click **View** from the **Referrals Opportunities Pending** grid.

Referral Opportunities Pending						
		DATE RECEIVED	AUTH #	EAP	SESSIONS AUTHORIZED	
	View	9/17/2019	39	Demo Full PF2020	6	

To **Accept** or **Reject** an authorization, click on the corresponding button. If you choose to accept the authorization, the client will show up in your **Open Files**. If you reject the authorization, First Sun EAP will be notified, and the authorization will be removed from the grid.

Authorization	
Jane Doe - Demo Full PF2020	
<input type="button" value="OK"/>	
ORGANIZATION NAME: AMC Motors	SESSIONS AUTHORIZED: 6
CASE STATUS: New User	HOURLY RATE: \$70.00
ACTIVITY TYPE: N/A	EAP ORGANIZATION NAME: Demo Full PF2020
PRIMARY PRESENTING PROBLEM: Stress	EAP CONTACT NAME:
SECONDARY PRESENTING PROBLEM:	EAP CONTACT PHONE:
NOTES: Prefers evening appointments.	EAP CONTACT EMAIL:
	SPECIAL INSTRUCTIONS:
<input type="button" value="Accept"/> <input type="button" value="Reject"/> 	


Group Practices

When a referral is accepted, the group practice office administrator has **3 options** to manage the file:

1. Do not assign a counselor to the file. As the office administrator, you will receive information from the counselor and update each file accordingly.
2. Assign a counselor from the group practice to the file. Once assigned, you will receive information from the counselor and continue to update each file accordingly.
3. Assign a counselor from the group practice to the file. Once assigned, this counselor will be able to view the new authorization in their **Open Files**. The counselor would then proceed to manage the file. For this option to work, the counselor must be preregistered with PROVIDERfiles with their own email address. As the office administrator, you can continue to monitor all files that are assigned to a counselor. The assigned counselor will only see files assigned to them.

To assign a counselor, click on the **Edit** option in the Open Files grid.

Open Files



	DATE OPENED ↓ ▾	DATE ACCEPTED ▾	FILE # ▾	AUTH # ▾	AUTH END ▾	FILE TYPE ▾	CLIENT NAME ▾
Edit	11/13/2018	11/13/2018	111	38	1/12/2019	Authorization	Barney Rubble
Edit	5/15/2019	5/15/2019	14	15	8/13/2019	Authorization	Bill Bixby
Edit	4/11/2019	4/15/2019	13	14	7/14/2019	Authorization	Billy Smith
Edit	9/19/2019	9/19/2019	77	41	12/18/2019	Authorization	Jane Doe
Edit	2/11/2019	2/11/2019	156	76	4/12/2019	Authorization	Jean Drapeau






Scroll down to the bottom of the Details tab and select the **Assigned Counselor**. Once assigned, click on the **Save** button. The file will transfer to the counselor.





ASSIGNED COUNSELOR:

N/A

Tip: By hovering over the blue info bubble, you can quickly see the client's clinical information (i.e., presenting problem, sessions remaining, etc.)

Open Files

	DATE OPENED ↓ ▾	DATE ACCEPTED ▾	FILE # ▾	AUTH # ▾	AUTH END ▾	FILE TYPE ▾	CLIENT NAME ▾	ORGANIZATION ▾	INFO ▾
Edit	5/27/2019	5/27/2019	15	16	6/27/2019	Authorization	Kyle Lowrie	AMC Motors	
Edit	5/15/2019	5/15/2019	14	15	8/13/2019	Authorization	Bill Bixby	AMC Motors	
Edit	4/11/2019	4/15/2019	13	14	7/14/2019	Authorization	Billy Smith	AMC Motors	
Edit	2/12/2019	2/12/2019	157	77	4/13/2019	Authorization	Tommy Boi	ABC Company	
Edit	2/11/2019	2/11/2019	156	76	4/12/2019	Authorization	Jean Drapeau	ABC Company	

When a client appears in your **Open Files**, you can now enter your sessions, and view/edit their client data. If required, you can print the authorization.

Details includes their personal information (i.e., phone number, address, etc.), as well as their file details like presenting problem.

Authorization	Save	Cancel	Print Authorization
Tony Tam - Demo Full PF2020			

CLIENT:	FILE #:	AUTH #:	SESSIONS AUTHORIZED:	SESSION TYPE:
Tony Tam	87	56	6	N/A

Details	Sessions	Documents / Attachments	Closing Data	Clinical Notes	EAP Details	Case Activity
---------	----------	-------------------------	--------------	----------------	-------------	---------------

FIRST OFFERED APPOINTMENT DATE:	FIRST APPOINTMENT NOTE:
12/3/2019	Unable to make the time offered
FIRST APPOINTMENT TIME:	FIRST APPOINTMENT INFO:
	Reason 1
REASON IF DATE OFFERED IS GREATER THAN 5 DAYS:	LAST NAME:*
N/A	Tam
CONFIRMED FIRST CONTACT DATE:	
12/3/2019	
FIRST NAME:*	
Tony	
EMAIL ADDRESS:*	
ttam@eapexpert.com	
ADDRESS:	
58 Bloor Street West, Toronto, ON, Canada	

MARITAL STATUS:	PARTNER NAME:	DATE OF BIRTH:
N/A	Tina	12/7/1970
GENDER:	PRIMARY LANGUAGE:	AGE:
N/A	N/A	49

Phone

CELL NUMBER:	HOME NUMBER:	WORK NUMBER:
4444444444	5555555555	
OK TO LEAVE MESSAGE AT CELL?:	OK TO LEAVE MESSAGE AT HOME?:	OK TO LEAVE MESSAGE AT WORK?:
N/A	N/A	N/A

File Details

EMPLOYEE ORGANIZATION:	CASE STATUS:
AMC Motors	New User
PRIMARY PRESENTING PROBLEM:*	SECONDARY PRESENTING PROBLEM:
Anxiety	Alcohol

INTAKE NOTES:

Client prefers evening appointments

Additional File Details

CLIENT DETAILS QUESTIONSET:

Question

Response

AUTHORIZATION NOTES:

Client may bring spouse to first appointment.

SPECIAL INSTRUCTIONS:

Prefers evening or weekend appointments.

ASSIGNED COUNSELOR:

Jones, Beatrice - bjones@eapexpert.com

Sessions will display the number of authorized sessions the client received. Click **Request Additional Sessions** to request more sessions from First Sun EAP. Depending on your EAP, this feature may be disabled.

Details	Sessions	Documents / Attachments	Closing Data	Clinical Notes	EAP Details	Case Activity																																																																						
<div> <div>SESSIONS AUTHORIZED: 6</div> <div>SESSIONS SUBMITTED: 0</div> <div>SESSIONS REMAINING: 6</div> </div> <table border="1"> <thead> <tr> <th></th> <th></th> <th>SESSION # ↑ ▼</th> <th>DATE ▼</th> <th>TIME ▼</th> <th>DURATION ▼</th> <th>NO SHOW ▼</th> <th>NOTES ▼</th> <th>SUBMITTED ▼</th> <th>RESPONSE ▼</th> </tr> </thead> <tbody> <tr> <td></td> <td>Edit</td> <td>1</td> <td></td> <td></td> <td>60</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Edit</td> <td>2</td> <td></td> <td></td> <td>60</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Edit</td> <td>3</td> <td></td> <td></td> <td>60</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Edit</td> <td>4</td> <td></td> <td></td> <td>60</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Edit</td> <td>5</td> <td></td> <td></td> <td>60</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Edit</td> <td>6</td> <td></td> <td></td> <td>60</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table> <div> <div> <div><</div> <div>1</div> <div>></div> </div> <div>20 ▼</div> </div> <div> Request Additional Sessions </div>									SESSION # ↑ ▼	DATE ▼	TIME ▼	DURATION ▼	NO SHOW ▼	NOTES ▼	SUBMITTED ▼	RESPONSE ▼		Edit	1			60	<input type="checkbox"/>		<input type="checkbox"/>			Edit	2			60	<input type="checkbox"/>		<input type="checkbox"/>			Edit	3			60	<input type="checkbox"/>		<input type="checkbox"/>			Edit	4			60	<input type="checkbox"/>		<input type="checkbox"/>			Edit	5			60	<input type="checkbox"/>		<input type="checkbox"/>			Edit	6			60	<input type="checkbox"/>		<input type="checkbox"/>	
		SESSION # ↑ ▼	DATE ▼	TIME ▼	DURATION ▼	NO SHOW ▼	NOTES ▼	SUBMITTED ▼	RESPONSE ▼																																																																			
	Edit	1			60	<input type="checkbox"/>		<input type="checkbox"/>																																																																				
	Edit	2			60	<input type="checkbox"/>		<input type="checkbox"/>																																																																				
	Edit	3			60	<input type="checkbox"/>		<input type="checkbox"/>																																																																				
	Edit	4			60	<input type="checkbox"/>		<input type="checkbox"/>																																																																				
	Edit	5			60	<input type="checkbox"/>		<input type="checkbox"/>																																																																				
	Edit	6			60	<input type="checkbox"/>		<input type="checkbox"/>																																																																				

When you click **Edit** session, you can enter the session details.

Session

Billy Smith - Demo Full PF2020

Save

Cancel

DATE:

5/27/2019

TIME:

13:00:00

DURATION (MINUTES):

60

Non Attendance

☐ No Show / Late Cancellation

☐ Cancellation

Notes

EAP Response

The **Documents/Attachments** tab will hold all documents (i.e., The Statement of Understanding). Once signed by the client, this document may be uploaded to PROVIDERfiles.

Click **New** to attach a document.

Authorization

Tony Tam - Demo Full PF2020

Save

Cancel

Print Authorization

CLIENT:

FILE #:

AUTH #:

SESSIONS AUTHORIZED:

SESSION TYPE:

Tony Tam

87

56

6

N/A

Details

Sessions

Documents / Attachments

Closing Data

Clinical Notes

EAP Details

Case Activity

New

DOCUMENT NAME

FILE TYPE

FILE

No data to display

Click **Browse** to locate and attach a document. Additional information for the attached file can be entered in **Document Name** and **File Type**.

FILE:*

 [Browse...](#)

Click **Browse** to locate the file.

Click **OK** to confirm your selection and return to the previous screen.

Document

OK

Cancel

FILE:*

[COI - evidence of insurance.pdf](#)



DOCUMENT NAME:

Insurance

FILE TYPE:

PDF

In the **Closing Data** tab, fill out all of the required information to close a client's file.

Details	Sessions	Documents / Attachments	Closing Data	Clinical Notes	EAP Details	Case Activity		
<p>CLOSING INSTRUCTIONS (FROM EAP, IF ANY):</p> <p>BEFORE CLOSING YOUR FILE:1. Ensure you have entered your notes2. Submitted your completed sessions3. Entered all Closing Details</p> <p>CLOSING RECOMMENDATION:</p> <p>N/A</p> <p>RESOLUTION:</p> <p>N/A</p> <p>OUTCOME IN WORKPLACE:</p> <p>N/A</p> <p>Assessed Problems</p> <p>PRIMARY:</p> <p>N/A</p> <p>SECONDARY:</p> <p>N/A</p> <p>Closing Notes</p> <p>CLOSING DATE:</p> <p>Tuesday, September 17, 2019</p> <p>Close File</p> <p>ADDITIONAL INFO:</p> <table><thead><tr><th>Question</th><th>Response</th></tr></thead><tbody></tbody></table>							Question	Response
Question	Response							

You will be able to find your client's **EAP Details** in the last tab in cases where you need to contact First Sun EAP.

Details	Sessions	Documents / Attachments	Closing Data	Clinical Notes	EAP Details
Main Contact REFERRING EAP:* Demo Full PF2020 REFERRING EAP ADDRESS: REFERRING EAP CONTACT NAME: REFERRING EAP CONTACT EMAIL: REFERRING EAP CONTACT PHONE: REFERRING EAP CONTACT FAX:			Billing Contact BILLING CONTACT: BILLING CONTACT EMAIL: BILLING CONTACT FAX: BILLING CONTACT PHONE:		

Case Activity allows you to add administrative activities such as follow up calls.

Click **New** to add an activity.

Details	Sessions	Documents / Attachments	Closing Data	Clinical Notes	EAP Details	Case Activity
New						
	DATE	TIME	DURATION	ACTIVITY TYPE	NOTES	
No data to display						

Click **OK** to save the information.

Case Activity

OK

Cancel

DATE:

3/17/2020

TIME:

ACTIVITY TYPE:

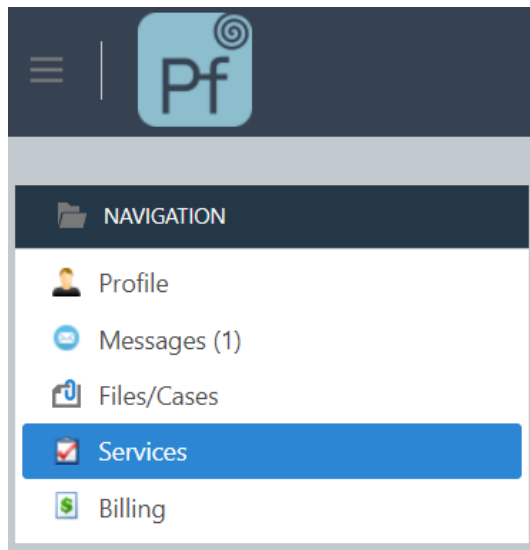
Case Management

DURATION:

30

NOTES

Services



After signing in, click on **Services** to view your services opportunities pending, open services, and closed services (Read only).

Services Opportunities Pending

As with Files/Cases, this grid will allow you to accept or reject a service referral. This may include services such trainings, orientations, workshops and critical incidents.

Open Services

This grid allows you to enter all required information regarding the service.

Closed Services

Once closed, a service will be accessible in read only format in this grid.

Services

☒ Services Opportunities Pending

	DATE RECEIVED	EAP COMPANY	NUMBER	SERVICE TYPE
No data to display				

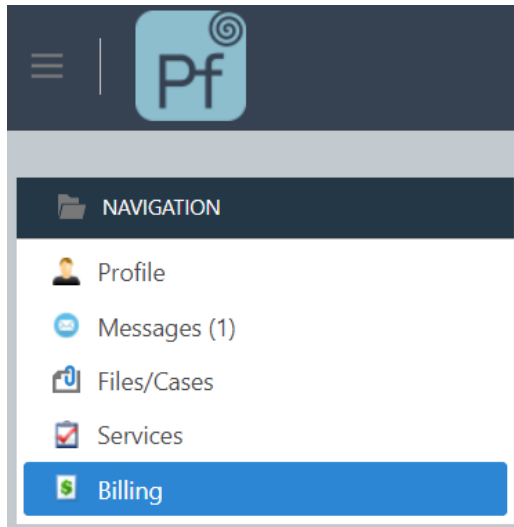
☒ Open Services

	SERVICE DATE	SERVICE TYPE	EMPLOYEE ORGANIZATION	ADDRESS	EAP COMPANY
No data to display					

☒ Closed Services

						Last 30 Days
SERVICE DATE	SERVICE TYPE	EMPLOYEE ORGANIZATION	ADDRESS	EAP COMPANY	PROVIDER	
No data to display						

Billing



After signing in, click on **Billing** where you will see your submitted and process claims.

Submitted Claims

All submitted sessions not processed by First Sun EAP will appear in this grid.

Processed Claims

Claims processed by First Sun EAP for payment will appear in this grid.

Billing

SUBMITTED CLAIMS

FILE TYPE	CLIENT FILE	AUTHORIZATION	DATE SUBMITTED
Authorization	Tony Tam - Demo Full PF2020	Tony Tam - Demo Full PF2020	1/10/2020
Authorization	Tony Tam - Demo Full PF2020	Tony Tam - Demo Full PF2020	1/10/2020
Authorization	Mike Dunn - Demo FEI PF2020	Mike Dunn - Demo FEI PF2020	12/30/2019
Authorization	Tony Tam - Demo Full PF2020	Tony Tam - Demo Full PF2020	12/27/2019
Authorization	Mike Dunn - Demo FEI PF2020	Mike Dunn - Demo FEI PF2020	12/27/2019

<

1

2

3

>

PROCESSED CLAIMS

FILE TYPE	INVOICE #	DATE PROCESSED	SESSION AMOUNT	DURATION	DATE	SESSION NUMBER
Authorization	13	1/14/2020	\$100.00	60	12/13/2019	1
Authorization	15	12/20/2019	\$50.00	45	12/2/2019	2

Logging Off

To log off, click on the image in the top right corner of the screen and select **Log Off**.

