

# Acentra Health's EAP Provider Portal



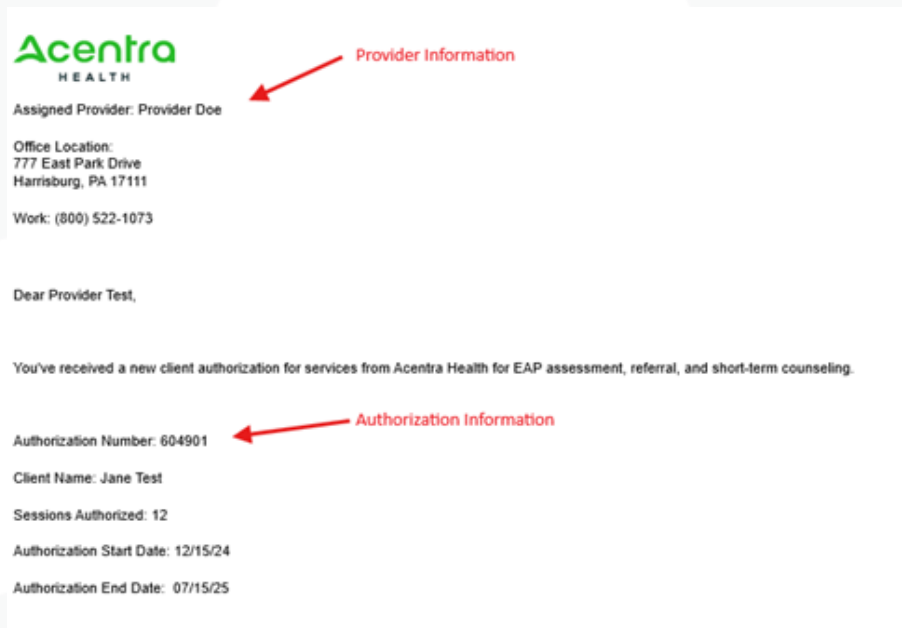
## Invoicing Instructions

We are excited to announce that the Acentra Provider Portal is now open for use! We recognize the need for a full self-service portal for our valued clinicians and have worked diligently to deliver this innovation. In the portal, you will be able to invoice and so much more.

To get started, follow this link: <https://providers.espyr.com/new-invoice-ach-payment-processing/>.

### Submitting Sessions for Invoicing:

1. Reference the Authorization that was sent to you. If the authorization was emailed prior to 12/16/2024, it is a 6-digit number that starts with a "3." All authorizations moving forward should be a 6-digit number starting with a "6."



2. Click the link above and enter the details from the authorization in the requested fields.
  - Provider Information (Should match the provider on the authorization)

Please complete all required fields and submit

This form must be submitted within thirty (30) days of each date of service.

Provider Name -

First Last

if different than "make check payable to"

Email Address -

- Authorization Information

Client Information

Authorization Number -

Client Name -

First Last

Client Date of Birth -

mm/dd/yyyy

- Date(s) of Client EAP Visits

Dates of Client EAP Visits

Do not include previously invoiced dates. No Shows or Late Cancellations are not billable.

Date -

mm/dd/yyyy

No show/late cancellation?

Date

mm/dd/yyyy

No show/late cancellation?

- Closing the Case and Outcome. Select “Yes” or “No” if it was the client’s last EAP visit and select “Problem Resolved” or “Problem Assessed and Referred” as the outcome. Then, review the information for accuracy and select “Submit.”

Was this the client's last EAP visit and you're closing the case? -

Yes

Outcome -

Problem resolved

Problem assessed and referred

INVOICES MUST BE SUBMITTED WITHIN 30 DAYS OF EACH DATE OF SERVICE TO BE ELIGIBLE FOR REIMBURSEMENT. If you have any questions about your invoice submission, please email us at [providerbilling@acentra.com](mailto:providerbilling@acentra.com).

INVOICES MUST BE SUBMITTED WITHIN 45 DAYS OF EACH DATE OF SERVICE TO BE ELIGIBLE FOR REIMBURSEMENT. If you have any questions about your invoice submission, please email us at [providerbilling@acentra.com](mailto:providerbilling@acentra.com). Thank you for your continued partnership and servicing Acentra Health clients.