

# Metropolitan Family Services

*150 years of amazing strength*

## EAN Invoice Form

### CLIENT INFORMATION

Client Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Case #: \_\_\_\_\_

### PAYMENT INFORMATION

Name of Therapist: \_\_\_\_\_ Name of Agency: \_\_\_\_\_

Payment Made Out to: \_\_\_\_\_

Payment Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_

(if first time billing)

### SERVICE PROVIDED

Service	Session Date	# Seen	
Session # _____	_____	_____	_____
Session # _____	_____	_____	_____
Session # _____	_____	_____	_____
Session # _____	_____	_____	_____
Session # _____	_____	_____	_____
Session # _____	_____	_____	_____
Session # _____	_____	_____	_____
Session # _____	_____	_____	_____

Case closed?  Yes  No

### OFFICE USE ONLY:

# of Sessions		Fee		Total \$	CR #	Initials
	x		=			

Please return the (1) EAN Reporting Form, (2) EAN Client Screening Form, (3) Invoice Form, (3) Case Closing Form, and the (5) signed EAN Client Service Agreement within 30 days of authorization end date via fax or mail to:

EAN—Metropolitan Family Services • One North Dearborn • 10<sup>th</sup> Floor • Chicago, IL 60602 • Phone 312.986.4249 • Fax 312.986.4187