

PROVIDER SELF REFERRAL FORM

When pursuing a provider self referral with an LWS/Advocate Wellness Coaching client, please understand the following:

1. The client is eligible to use the contract specific number of wellness coaching hours (up to 3 total per case); and,
2. The client may be eligible for additional coaching hours as per their employer-sponsored benefit by calling LWS/Advocate to initiate services; however,
3. If the employee is interested in services beyond the scope of their benefit, and a self referral is appropriate, both parties must sign the below agreement; and,
4. The coach should provide other referral options when appropriate.

REFERRAL STATEMENT

I, _____ (Coach) am coaching _____ (Client) through **LWS/Your Advocate**. My professional assessment indicates that the above client would benefit from additional wellness services beyond the allotted employer-sponsored coaching benefit. I have discussed referral options with my client. Understanding the conditions listed above and in the best interest of the client, it is appropriate to continue the coaching relationship after the case closing form is submitted. Below is a list of at least two cost-effective resources (*not including continuation of care with current coach*) that were provided to the client as other possible alternatives:

- 1.
- 2.
3. Self Referral

By signing below, the client hereby declines the options listed above and chooses to continue services with _____ (Coach). Both the client and coach understand that all services/sessions starting _____ (date) will not be paid by **LWS/Your Advocate nor their employer**; therefore, all financial responsibilities move to the client.

(Coach) (date)

(Client) (date)