

DEPARTMENT INFORMATION	
Department Name	<p align="center"><i>Fill out once as this information will be the same throughout communication.</i></p>
Contact Person	
Contact Number	

STUDY INFORMATION	
Study Name	<p align="center"><i>Fill out once as this information will also be the same throughout communication. If you need to provide an update, then simply explain update in body of email. Only fill out information that pertains to current study. For example, if it is not a device study, then the IDE# would be left blank.</i></p>
Principal Investigator	
Mnemonic Name	
IRBNet Number	
NCT number	
IDE#	

PATIENT INFORMATION		
Patient Name	<p align="center"><i>Treating physician is important because depending on the visit, treating MD may differ from the principal investigator. The Study ID is another way the patient can be identified.</i></p> <p align="center"><i>All services related to this visit should be identified in appropriate field (Billed to Research or Routine Care) OR information regarding this information should be attached.</i></p> <p align="center"><i>Check One Box – At least one should be checked. More than one can apply if patient is completing study.</i></p> <p align="center"><i>TIP: Keep an electronic or paper copy of this form with contact, study and certain patient information auto filled so that updating the billing teams on the patient's next visit would only need the visit type, service provided and check box indicating billing instructions.</i></p> <p align="center">WHEN COMMUNICATING BILLING DECISIONS ALWAYS REFER TO THE COVERAGE ANALYSIS(CA)</p>	
Date of Birth		
Study ID		
Date of Consent		
Date of Service		
Treating Physician		
MRN #		
FH/Athena Account #		
Visit Type		
Items Billed to Research		
Routine Care items		
Check one: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"><i>Check ALL that apply</i></div>		<p> New Research Study <input type="checkbox"/> Screen Failure <input type="checkbox"/> Account Hold <input type="checkbox"/> Routine Care Only <input type="checkbox"/> Research Reimbursed Services <input type="checkbox"/> Release Bill <input type="checkbox"/> Off Study <input type="checkbox"/> Research and Routine Care Services <input type="checkbox"/> Study Complete <input type="checkbox"/> </p>
Notes		<p align="center"><i>Use this space to write any addition information not captured in form.</i></p>