



IRB #

Request for Research Billing

Send a copy of this form for each billable research event. Form must be at Grants & Research Administration within 48 hours of charge.

Principal Investigator:	Department and Mailing Address:	Phone Number and Email Address:
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Date: Patient Record No.:

Patient Name:

Patient DOB:

Patient SSN:

List appropriate items:

Item	Code	Charge on Bill

Please route this slip to Research Administration within 48 hours for backing out of charges and proper billing.

Send monthly invoice to: _____

These tests are not to be billed to the Patient, Insurance Company, or Medicare/Medicaid or any party other than Guarantor invoiced.

Signature of Study Coordinator

Date

To be completed by person backing out charges:
These charges were backed out of patient account

Date: _____

By: _____