

## CONTRACT BUDGET INFORMATION/MEDITECH CHARGE FORM

		<p><b>INSTRUCTIONS:</b> <i>This form should be completed for <u>all</u> clinical trials conducted at Tulane Medical Center or Tulane University (except medical records review). The Principal Investigator must sign and date at the bottom of this form as verification that the procedure is paid by a third party insurer or self-pay (i.e., standard of care) or paid by the study account (i.e., research paid by the study sponsor). If the procedure is paid by the study, the department is responsible for the cost. The department will also be responsible if the procedure is incorrectly identified. Signed and completed forms should be submitted in the work order packet to the Tulane University designated representative Verna Lee, email to <a href="mailto:vernalee@tulane.edu">vernalee@tulane.edu</a> with a copy to <a href="mailto:msteinfo@tulane.edu">mailto:msteinfo@tulane.edu</a>.</i></p>						
<p><b>CLINIC/HOSP. BILLING:</b> Check off procedures performed during study visit in this column</p>		<p><b>STUDY TITLE:</b></p> <p><b>SPONSOR:</b></p> <p><b>IRB # (if assigned):</b></p> <p><b>PRINCIPAL INVESTIGATOR:</b></p> <p><b>COORDINATOR:</b></p> <p><b>LIST ALL LOCATIONS WHERE STUDY PATIENTS WILL BE SEEN FOR STUDY:</b></p> <p><b>IS THIS A STANDARD OF CARE ONLY STUDY (i.e., all services are paid by the patient and/or their insurance carrier)?</b>      YES    NO    NO  <b>IF YES, DO NOT COMPLETE BELOW. SIGN AND COMPLETE AND RETURN FORM</b></p>						
<b>BILLING SECTION:</b>	<b>CPT Code 5 digits</b>	<b>Procedure Description</b>	<b>Procedure/Billing Code (6 digits)</b>	<b>Technical Charges? (Yes/No) If Yes, state charge \$</b>	<b>TUMG Physicians Charges? (Yes/No) If Yes, state charge \$</b>	<b>Charge Paid by Study Sponsor? (Yes/No)</b>	<b>Charge Paid by Insurance or Self Pay (i.e., Standard of Care)? (Yes/No)</b>	<b>Performed at Hospital, University or Both?</b>

PI SIGNATURE & DATE \_\_\_\_\_ RESEARCH COORDINATOR SIGNATURE & DATE \_\_\_\_\_

TMC FINANCE SIGNATURE & DATE \_\_\_\_\_ TUMG FINANCE SIGNATURE & DATE \_\_\_\_\_

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