



MCV PHYSICIANS - Agreement for Group Account Billing

A. Type of Group Account: Grant/Study Organizational Billing

Is this a government funded grant/study? YES or NO

B. Group Account Information:

Group Account Name: _____

Billing Address: _____

Responsible Person Name: _____ Phone Number: _____

C. Additional Information for Grant/Study:

Principal Investigator: _____ Effective Date: _____

Grant Number: _____ Expiration Date: _____

D. Billing Instructions:

- Bill Grant/Study Only Bill Organization Only
- Bill Patient's Medical Insurance prior to billing and Grant/Study
- Government Funded Grant/Study (Must be billed to Group Account. Can 't bill both patient's Insurance and grant.)

IMPORTANT NOTE: To properly establish this Group Account, please submit a "contract" providing billing instructions to include explanation of services, list of patients, and choice of monthly itemized statement or individual claim per service.

E. Billing Agreement:

Agreement is made between _____ and MCV Physicians regarding reimbursement for professional services rendered on behalf of the above mentioned organization or Grant/Study. Payment in full to MCV Physicians is due upon receipt of our statement. Balances over 45 days old are considered past due. In the event that a Grant should expire or funds are dissipated before all outstanding charges have been paid, it will be the Principal Investigators responsibility to get the Department's approval to adjust all outstanding balances.

F. Authorization Signature:

MCV Physicians Special Accounts Supervisor
Title _____ Date _____

Clinical Department/Organization Authorization Title _____ Date _____

Should you have questions, please contact Alice Fowler, Special Accounts Supervisor, MCV Physicians, at 358-6100 ext 1249