



VCU HEALTH SYSTEM - RESEARCH ACCOUNT BILLING REQUEST

General Information

Name of Grant/Study:
Contact Person:
Date Begin: End:

Grant # if applicable:
Phone #
Max. Funding if applicable:

Billing Information

How will we need to bill this Grant/Study?
{} UB-92 Billing form (3rd Party Insurance)
{} Regular Statement (All Others)

How often will you need billing?
{} For each date of service per patient
{} Weekly Summary
{} Monthly Summary

Billing forward to:

Name Grant/Study:
Address:
City, State
Zip Code:
Attention to:

Please indicate in descending order the appropriate payors to be billed for the account (1=primary, 2=secondary)

Grant
Patient/Patient's Insurance

Special Billing Requirements:

Special Reimbursement Agreement: Begins Expires
Explanation:

Check the Patient type of the account:
Recurring
Outpatient (routing)
Special Institutional/patient specimen
Inpatient

At what registration site will the patient/specimen be registered?

Does a new charge need to be established for the services to be provided?
Yes No

VCUMC Patient Accounting will require a monthly list of patients and dates of service to ensure that appropriate identification has been made. As per your agreement with the Department of Radiology, you are requested to furnish this information directly to them.

Patient Accounting Use ONLY:

Contractual Adjustment Code:
Out of Funds Code:
Group Director Approval: Date:
Finance Director Approval: Date: