



MCV Campus

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

Health System
MCV Hospitals and Physicians

Radiology
Research
Administration

Billing Correction

Project Title:

Principal Investigator:

Coordinator:

Patient Name:

Patient MR or SSN:

Date of Service:

Study/Procedure:

Description of Error: (double click to check boxes on all that apply)

- Procedure/Study billed to Patient/Patient's Insurance
- Overcharge for service
- Undercharge for service
- Invoice not received
- Other: "[Click here and type specific error]"

Your request will be reviewed promptly, and someone from the Office of Research Administration will contact you.

**PLEASE FAX THIS FORM TO: CHELSEA STINE
804.828-6129**