Grants and Clinical Trials Agreement for Institutional Account Billing

A. Is this a revision of a prior form for this study? Yes/ No

a. **If yes, when will this change become effective?**

b. Does this revision effect all participants in the study after the effective date? If not please explain.

B. Type of Account

	Grant/Study	Clinical Trial	Contract/Other
Government	☐	☐	☐
Non-Government	☐	☐	☐

C. Account Information

VCU IRB#:

NCT#:

Account Name (mnemonic):

Account/Study Alias Name(s):

Billing Department:

Department Billing Contact:

Department Billing Address

Phone Number: Email:

D. Additional Information for Grant/Study/Trial

Official Protocol Title:

Principal Investigator: Effective Date:

Study Coordinator: Effective Date:

Grant Number: Expiration Date:

PT#:

Sponsor: Site Accrual Goal:

Please attach the completed cost coverage package

E. Billing Instructions

Please indicate how this study is to be billed. Please choose only one.

☐ PO #

☐ Bill Grant/Study Only

☐ Government Funded Grant/Study (Must be billed to Institutional Account for the same service)

F. Patient Information

Please send the completed table, "Monthly Report of Patient Information for Grants and Clinical Trials" each month to Alice Fowler, Special Accounts Supervisor, vfowler@mcvh-vcu.edu, and Margaret Johnson, Special Billing Supervisor, mejohnson@mcvh-vcu.edu.

G. Departments and Procedures: You must attach a detailed agreement from each ancillary service

☐ Anesthesiology	☐ Ophthalmology	☐ Radiation Oncology	☐ Dermatology
☐ Orthopedics	☐ Radiology	☐ Emergency Services	☐ Otolaryngology
☐ Surgery	☐ Family Medicine	☐ Pathology – Lab	☐ Human Genetics
☐ Pediatrics	☐ Internal Medicine	☐ Physical Med & Rehab	☐ Neurology
☐ OB/GYN	☐ Neurosurgery	☐ Psychiatry	☐ Inv. Pharmacy
☐ CRSU	☐ Other: _____		

H. Billing Agreement

Agreement is made between (PI/Department) and MCV Hospitals/Physicians regarding reimbursement for professional services rendered on behalf of the above mentioned organization or Grant/Study. Payment in full to MCV Hospitals/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, the PI agrees that MCV Hospitals/Physicians will bill the covering account identified by the PI.

PI Signature _____ Date _____

Coordinator Signature _____ Date _____

Should you have any questions about Physician Billing, contact Alice Fowler, Special Accounts Supervisor, MCV Physicians, at 358-6100 ext 1249. Should you have any questions about Hospital Billing, contact Margaret Johnson, Special Billing Supervisor at 828-2841 ext 1099.