

GREEN SHEET

Daily Research Patient Visit and Billing Information

TRIAL INFORMATION			CONTACT INFORMATION	
Protocol Title			Billing Contact	
Billing Study Name as set up in NextGen/Cerner:			Billing Contact Phone	
Protocol #			Billing Contact E-mail	
Physician Name			Research Coordinator	
Study Type	Pharmaceutical/Industry Federal/Cooperative Group		RC Phone	
	Non-Federal/Cooperative Group Other		RC E-mail	
NCT#	IRB #	SAMSF #		
Type(s) of Services Included in the protocol:	Radiology Laboratory/Pathology Cardiographics (EKG/Echo) Other			

RESEARCH SUBJECT/PARTICIPANT INFORMATION			
Subject Name		Last 4 digits of SS#	
DOB		MRN #	
Randomization/Subject ID#		FIN #	

VISIT/SERVICE SPECIFIC INFORMATION	
Date of Service:	***Check this box if this is the subject's last visit on this study***
Location	MCI Medical Center Children & Women's Fairhope Clinic LabCorp Other
Location of Scans Being Performed	MCI Medical Center Children & Women's Fairhope Clinic Other
Other studies to be Performed	Treatment Schedule

ATTENTION: In the space provided below, please list all services provided as part of the protocol and indicate where each service should be billed by checking the appropriate box in the column labeled "bill to".

PROTOCOL-DRIVEN ITEMS AND SERVICES: ANCILLARY TESTS, PROCEDURES, CLINIC VISITS, DRUGS, DEVICES, ETC.							
Date of Service	Procedures	ICD-10/CPT	Comments	Bill To:			
				Insurance	Clinical Trial	Q1 Modifier (routine)	Q0 Modifier (investigational)
				Insurance	Clinical Trial	Q1 Modifier (routine)	Q0 Modifier (investigational)
				Insurance	Clinical Trial	Q1 Modifier (routine)	Q0 Modifier (investigational)
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Add Comments Below

*****Please submit this sheet with Direct Pay to SAMSF (in COM Business Office)*****

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