UNC Health Care
Research 98 Accounts
Billing and Payment Service Agreement

Note: Both this form and the accompanying "List of Requested Services" must be submitted to UNCH Patient Account Services. The forms may be faxed to Research Billing at (919) 966-6702.

(a) Request Date: _____ (b) Account Number: 98 - _____

To be assigned by Patient Account Services.

(c) University General Ledger Account Number: _____

(d) IRB Number: _____ (e) Grant/Study Number: _____

(f) Protocol Number (Required if available and different from IRB# or Protocol#): _____

(g) Complete Title of Study (Required): _____

_____

(h) Abbreviated Title of Study (30 Characters Maximum, including spaces):

(i) Principal Investigator (Required): _____

Campus Address: _____

Phone: _____ Fax: _____ Beeper#: _____

(j) Name of Sponsor/Funding Source: _____

(k) Study Coordinator: _____

Campus Address: _____

Phone: _____ Fax: _____ Beeper#: _____

(l) Billing Contact Person:

Campus Address: _____

Phone: _____ Fax: _____ Beeper#: _____

(m) Study Start Date: _____ (l) Study Term Date: _____

(n) Number of Subjects expected to participate: _____

(o) List services to be covered by Research Grant/Study account on attached sheet.

Signature of Principal Investigator: _____ Date: _____

- Revision to Study Termination Date -

(Revised Form must be submitted to Office of Clinical Trials and Patient Account Services)

Revised Study Termination Date: _____ Has funding changed? Yes ☐ No ☐

Signature of Principal Investigator: _____ Date: _____

LIST OF REQUESTED SERVICES TO BE PAID BY THE RESEARCH GRANT/STUDY

Entity/Provider (UNC Hospitals, P&A, McLendon Labs, UNC Hospital Pharmacy	Service Department (Radiology, GI, McLendon Labs, Pharmacy) Service Code (CDM Charge #, CPT)	Service Code (CDM Charge #)	Charge Description	Fee Schedule Amount* Due

*** Fee Schedule Amount subject to periodic increases based on price changes**

Reimbursement Terms: Payment Due 90 days from date of statement/invoice

_____ _____

Signature- Principal Investigator **Date**

Date Approved by Patient Account Services:_____
Date Principal Investigator notified_____