Clinical Research Billing #: G98 ___ ___ - ___ ___ Revised 12/08

UMass Memorial Health Care Patient Accounts

Special Accounts Authorization

The purpose of this form is to provide a mechanism to initiate a Clinical Research Billing Number (written in the Hospital Patient Accounting System) for charging hospital-based ancillary tests and procedures to the appropriate research grant account in the Medical School. **Submit this form with framed area completed, along with the Clinical Research Transmittal Form, to Clinical Research office (Office of Vice Provost for Research) for account set-up.**

For Completion by Principal Investigator/Research Staff

Principal Investigator's Name: ____

Department: ________________________________ Sponsor: ___________________

Grant/Study Title: ____

____

Mailing Address: ______________________________ Room#/Campus: _______________

Study Coordinator: ____________________________ Room#/Campus: _______________

Email: ______________________________________Phone: _____________________

Administrator (responsible for grant account): ___________________________________

Email: _____________________________________ Phone #: ___________________

Fax: _______________________________________ Room#/Campus: ______________

Discounts on ancillary tests, group practice rates or *any* hospital-based charge must be routed through and approved by Office of Vice Provost for Research (OVPR) and the appropriate UMass Memorial signatory. A related *Research Billing Agreement* to accompany this form will be created by the OVPR for cross-system communication.

Principal Investigator's Signature : ________________________ Date :______________

GRANT ACCOUNT NUMBER: ____

OVPR/Clinical Research Signature:__________________________**Date:**____________

For Completion By Patient Accounts Department

Contact Person in Hospital Patient Accounts:____________________________Ext:_________

Authorized Hospital Patients Accounts Signature: _________________________________

Fax # 508-334-1962