University of Vermont MEDICAL CENTER

REQUEST FOR CLIENT ACCOUNT NUMBER

A client account (96*) is used to charge and bill services and procedures done by UVM Medical Center.

Date of Request:P SECTION A: BILLING INFOR	erson Filling Out Form: RMATION (847-1793)		
Billing Contact/Attention to	Phone	Address:	
City		State	Zip
Responsible Party Name	e (Please Print) Signa	ature	
SECTION B: ACCOUNT INFORMATION Type of Organization (check one and write account name below)			
Physician office	Veterinarian office Hosp	ital Lab Research	Other (Please specify):
Account Name: (24 Characters)			
Contact Name:			Phone:
SECTION C: RESEARCH O	<u>DNLY</u>		
Principle Investigator:		Phone:	_ # Patients in Study
			_ # Patients in Study End Date:
CHRMS/IACUC #:		Duration of Study:	End Date:
CHRMS/IACUC #:	Approval Pending?	Duration of Study: OUNT ricing information and to arrange for	End Date:
CHRMS/IACUC #: <u>SECTION D: TESTING/PROCH</u> List anything that will be billed to this a How will you order procedures?	Approval Pending? EDURES BILLED TO THIS ACC account number. Contact department for p How wi	Duration of Study: OUNT ricing information and to arrange for ill you view reports?	End Date:
CHRMS/IACUC #: <u>SECTION D: TESTING/PROCH</u> List anything that will be billed to this a How will you order procedures? For Histology Only	Approval Pending? EDURES BILLED TO THIS ACC account number. Contact department for p How wi	Duration of Study: OUNT ricing information and to arrange for all you view reports? Purple fee so	End Date:
CHRMS/IACUC #: SECTION D: TESTING/PROCH List anything that will be billed to this a How will you order procedures? For Histology Only Laboratory (847-5121)	Approval Pending? EDURES BILLED TO THIS ACC account number. Contact department for p How wa Yellow fee schedule	Duration of Study: OUNT ricing information and to arrange for all you view reports? Purple fee so	End Date:
CHRMS/IACUC #: SECTION D: TESTING/PROCH List anything that will be billed to this a How will you order procedures? For Histology Only Laboratory (847-5121) Radiology: (847-6845)	Approval Pending? EDURES BILLED TO THIS ACC account number. Contact department for p How wa Yellow fee schedule	Duration of Study: OUNT ricing information and to arrange for ill you view reports? Purple fee sc	End Date:

ALL APPLICANTS:

- a. Return form to Pathology & Laboratory Medicine, Laboratory Outreach, Mail stop 233MP1 or Fax 847-8190 or email to laboutreach@uvmhealth.org.
- b. It takes approximately 2 weeks for numbers to be processed.
- c. Bills will be sent biweekly to the billing contact and address listed in section A.
- d. UVM Medical Center can stop use of the client account number at any time.
- **RESEARCH ONLY:**
- a. You must secure approval from the Institutional Review Board (IRB) or Institutional Animal Care & Use Committee (IACUC), 656-4067 or http://osp.uvm.edu
- b. Make arrangements with participating department(s) for testing, interpretation of results, estimating number of patients and charges for services billed to study. It is helpful to send study protocol (or parts that pertain to billing procedures) with the request for a client account. The Laboratory may need to make a form specific for use with your study (this can extend the amount of time it takes to get an active account number).
- c. Research protocols often have a combination of standard of care and research protocol driven services. Billing accurately is extremely important. If you have questions about how billing will effect the study or you do not know if your study is a Qualifying, Non-Qualifying or an IDE trial please contact UVM Medical Center Integrity and Compliance Department at, <u>compliance@uvmhealth.org</u> or call (802) 847-2667.

Account Number: ____ Termination Date:__