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| **INSTRUCTIONS:** * **Complete this form after each patient visit to report billable procedures /services as outlined on the Financial Clearance approval document for your study.** Type or write legibly
* **Submit this form, within 24 hours of the visit,** to the Office of Grant Administration @ grants@gmh.edu
* **Please adhere to HIPAA regulations when submitting this form.** Do not provide patient names or other PHI in subject line or the body of the email.

*Contact OGA at* *grants@gmh.edu* *with any questions* |
| **The Asterisks (\*) Denotes Required Information** |
| **PI Name: \***  |       | **Coordinator Name: \*** |       |
| **Study IRB#: \*** |       | **Study Plan Code: \*** |       |
| **Name of Patient: \*** |       | **Visit #:** |       |
| **Patient MRN: \*** |       | **Date of Birth: \*** |       |
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| **To facilitate processing, please pay close attention to the following:*** **Refer to the Financial Clearance approval document** to accurately provide the information requested below.
* **Provide one procedure/service per line using the accepted descriptor or abbreviation ONLY.** Refer to the procedures/services on the Financial Clearance Form (FCF). Non-billable procedures/services should not be indicated on this form.
* **Indicate agreed upon Standard of Care/Routine procedures by checking the box beside the procedure.** Procedures that were not determined to be billable to Insurance on the FCF will be billed to the Sponsor.
* **Provide comments as necessary for visit clarification.**

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| **Date of Service\*** | **Procedure Descriptor\*** | **Billable to Insurance\*** | **Quantity\*** |
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| **COMMENTS:**       |