AdventHealth
Orlando

DEPARTMENT INFORMATION

Department Name	
Contact Person	*Fill out once as this information will be the same throughout communication.*
Contact Number	

STUDY INFORMATION

Study Name	
Principal Investigator	*Fill out once as this information will also be the same throughout communication. If you need to provide an update, then simply explain update in body of email. Only fill out information that pertains to current study. For example, if it is not a device study, then the IDE# would be left blank.*
Mnemonic Name	
IRBNet Number	
NCT number	
IDE/IND#	

PATIENT INFORMATION

Patient Name	
Date of Birth	*Treating physician is important because depending on the visit, treating MD may differ from the principal investigator. The Study ID is another way the patient can be identified.*
Study ID	
Date of Consent	*All services related to this visit should be identified in appropriate field (Billed to Research or Routine Care) OR information regarding this information should be attached.*
Date of Service	
Treating Physician	*Check One Box – At least one should be checked. More than one can apply if patient is completing study.*
MRN #	
EPIC Encounter #	*TIP: Keep an electronic or paper copy of this form with contact, study and certain patient information auto filled so that updating the billing teams on the patient's next visit would only need the visit type, service provided and check box indicating billing instructions.*
Visit Type	
Items Billed to Research	
Routine Care items	**WHEN COMMUNICATING BILLING DECISIONS ALWAYS REFER TO THE COVERAGE ANALYSIS(CA)**
Check one: *Check ALL that apply*	New Research Study ☐ Screen Failure ☐ Account Hold☐ Routine Care Only ☐ Research Reimbursed Services ☐ Release Bill ☐ Off Study ☐ Research and Routine Care Services ☐ Study Complete ☐
Notes	*Use this space to write any addition information not captured in form.*