Referral Billing Questionnaire

<table>
<thead>
<tr>
<th>HRRC#</th>
<th>Guarantor Number</th>
<th>9999</th>
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<tbody>
<tr>
<td>Clinical Trial #</td>
<td>New or Renewal:</td>
<td></td>
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Complete Name of Study: ____________________________________________

Short Name of Study (15 Characters max) ____________________________
Sponsor of Study: ____________________________

- Federally Funded, RAC, State Sponsored or Non-Profit Foundation ____________________________
- Industry Sponsored, Drug Company’s and For Profit Organizations ____________________________

Number of Participants ____________________________
Will there be any inpatient study participants?
Frequency of visits per patient ____________________________
Number of visits per patient ____________________________
Length of visits ____________________________
Type of patient population: (Pediatrics’, Adults etc) ____________________________
Type of exams/procedures specific ____________________________
Nursing assistance required: Yes or No ____________________________
Supplies needed ____________________________

Give a brief description of the study as well as the services that will be provided by UNM Hospitals: (Summary of Protocol)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Contact & Billing Information

Primary Investigator:

Name: ____________________________
Phone: ____________________________
E-mail: ____________________________

Sub PI:

Name: ____________________________
Phone: ____________________________
E-mail: ____________________________

Coordinator:

Name: ____________________________
Phone: ____________________________
E-mail: ____________________________

Billing Contact:

Name: ____________________________
Phone: ____________________________
E-mail: ____________________________
Address:


Effective Dates of Study

Date study to begin ________________  End date ________________

Finance sets most end dates to be the last day of the current fiscal year. If the guarantor number is needed past the end of the fiscal year; an updated referral billing questionnaire and a valid PR will be required.

Guarantor #’s will be active for one-year intervals only pending review.
Re-activation will be done after receipt of updated questionnaire and a new PR if applicable, pending review and UNMH Controller approval.

_________________________  ____________________________
UNM Hospital Clinic Information

UNMH Dept where service(s) will be provided

UNMH Unit Director’s name (print)

UNMH Unit Director’s e-mail address

Phone#

List exact CPT codes for each service provided by the clinic named above including a list of lab, pathology and any other specific procedures. Please use one form per clinic. Click on table below to open as an excel spreadsheet to enter your data. Please email this excel spreadsheet to TKarbginsky@salud.unm.edu in finance, so that your CPT codes and pricing can be validated electronically.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>CPT CODE DESCRIPTION</th>
<th>CPT CHARGE</th>
</tr>
</thead>
</table>

UNM Hospital’s Manager Authorization

UNMH Unit Director’s signature

Date of signature

UNMH Manager’s approval and signature must be completed in order to assign a guarantor number.

*Prices and discounts are subject to change only upon approval of UNM Finance Department.

Note: UNM Hospital’s Referral Billing process is to bill UNM HSC for patient services provided to a study or grant. Since we do not directly invoice patients and/or insurance companies for referral billing accounts, do not use this guarantor number if the patient and/or insurance company are to be billed.

Please return Questionnaire and PR to:
University of NM Hospital, Attn: Tobbi Karbginsky, Finance, Referral Billing, 933 Bradbury, Suite 3183, Albuquerque, NM 87106. Phone 272-3647 Fax 272-2617