



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER

UNM HOSPITALS

Referral Billing Questionnaire

HRRC# _____

Guarantor Number _____
New or Renewal: _____

Complete Name of Study: _____

Short Name of Study (15 Characters max) _____

Sponsor of Study : _____

_____ Federally Funded, RAC, State
Sponsored or Non-Profit Foundation _____

Or _____

_____ Industry Sponsored, Drug
Company's and For Profit Organizations _____

Number of 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 specifics _____

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)

HRRC# _____

Short name of Study _____

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: _____

Date study to begin _____ **Effective date of Study** _____ **End date** _____

Please make sure there is an end date. All referral billing questionnaire's will require a review at year end to update information due to Medicare rate changes.

Guarantor #'s will be active for one-year intervals only pending review .

Guarantor #'s not updated after review will be deactivated.

Re-activation will be done after confirmation of questionnaire review with a current PR and CFO approval.

HRRC# _____

UNM Hospital Clinic Information

UNMH Dept where service(s) will be provided	UNMH Radiology
UNMH Unit Director's name (print)	Gordon Weimer
UNMH Unit Director's e-mail address	gweimer@salud.unm.edu
	Phone# 272-2532

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.

CPT CODES	CPT CODE DESCRIPTION	CPT CHARGE
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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 UNMH 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