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**UNMH Referral Billing Questionnaire**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HRRC# | Click IRB Study Number | | | |  | | | | | | | Guarantor Number | | 9999 |
| Clinical Trial # | ClinicalTrials.gov Assigned Number | | | |  | | | | | | | New or Renewal: | | Choose an item. |
|  | | | | |  | | | | | |  | | | |
| Complete Name of Study: | | | | | ClickIRB Complete Study Name. | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
| Short Name of Study (15 Characters max) | | | | | | | | | | ClickIRB Short Name. | | | | |
| Sponsor of Study :  Federally Funded, RAC, State Sponsored or Non-Profit Foundation | | | | | | | | | Sponsor | | | | | |
| Or  Industry Sponsored, Drug Company’s and For Profit Organizations | | | | | | | | | Sponsor | | | | | |
|  | | | | | | | | |  | | | | | |
| Number of Participants | | | | Click or tap here to enter text. | | | | | | | | | | |
| Will there be any **inpatient** study participants? | | | | Choose an item. | | | | | | | | | | |
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|  | | | | | | | | | | |
| Frequency of visits per patient | | | | | | Click or tap here to enter text. | | | | | | | | |
| Number of visits per patient | | | | | Click or tap here to enter text. | | | | | | | | | |
| Length of visits | | Click or tap here to enter text. | | | | | | | | | | | | |
| Type of patient population: (Pediatrics’, Adults etc) | | | | | | | | | | | | | Click or tap here to enter text. | |
| Type of exams/procedures specifics | | | | | | | Click or tap here to enter text. | | | | | | | |
| Nursing assistance required: Yes or No | | | | | | | | Choose an item. | | | | | | |
| Supplies needed | | | Click or tap here to enter text. | | | | | | | | | | | |
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| Give a brief description of the study as well as the services that will be provided by UNM Hospitals: (Summary of Protocol) | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
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| **Contact & Billing Information** | | | | | | | | | |
| Primary Investigator: | | | | | | | | | |
| Name: | Click or tap here to enter text. | | | |  | | | | |
| Phone: | 10-digit UNM number. | | | |  | | | | |
| E-mail: | Institutional email address. | | | |  | | | | |
|  |  | | |  | |  | | | |
| Sub PI: | | | | | | | | | |
| Name: | Click or tap here to enter text. | | | |  | | | | |  |  |
| Phone: | 10-digit UNM number. | | | |  | | | | |  |  |
| E-mail: | Institutional email address. | | | |  | | | | |  |  |
|  |  | | | | | | | | |  |  |
| Coordinator: | | | | | | | | | |  |  |
| Name: | Click or tap here to enter text. | | | |  | | | | |  |  |
| Phone: | 10 digit UNM number. | | | |  | | | | |  |  |
| E-mail: | Institutional email address. | | | |  | | | | |  |  |
|  |  | | | | | | | | |  |  |
| Billing Contact: | | | | | | | | | |  |  |
| Name: | Click or tap here to enter text. | | | | |  | | | |
| Phone: | 10-digit UNM number. | | | | |  | | | |
| E-mail: | Institutional email address. | | | | |  | | | |
| Address: | Click or tap here to enter text. | | | | |  | | | |
|  | Click or tap here to enter text. | | | | |  | | | |
|  | Click or tap here to enter text. | | | | |  | | | |
|  | Click or tap here to enter text. | | | | |  | | | |
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| **Effective Dates of Study** | | | | | | | | | |
| **Date study to begin** | | | Click or tap to enter a date. | | |  | **End date** | | Click or tap to enter a 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 | | | Radiology | |
| UNMH Unit Director’s name (print) | Meaghan Carey Eiland | | | |
| UNMH Unit Director’s e-mail address | | mmcarey@salud.unm.edu Phone:505-272-5890 | |  |

**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**](mailto:TKarbginsky@salud.unm.edu) **in finance, so that your CPT codes and pricing can be validated electronically.**

|  |  |  |
| --- | --- | --- |
| **CPT CODES** | **CPT CODE Description** | **CPT CHARGE (Technical Fee)** |
| Enter CPT Code. | Click or tap here to enter text. |  |
| Enter CPT Code. | Click or tap here to enter text. |  |
| Enter CPT Code. | Click or tap here to enter text. |  |
| Enter CPT Code. | Click or tap here to enter text. |  |
| Enter CPT Code. | Click or tap here to enter text. |  |
| Enter CPT Code. | Click or tap here to enter text. |  |
| Enter CPT Code. | Click or tap here to enter text. |  |

*Technical fees cannot be input by applicant; fees must be verified with Finance*

*by Radiology Research Coordinator.*

**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:

UNMH, Tobbi Karbginsky, Finance, Referral Billing, Hope Bldg, Suite 3183. Phone 505-272-3647 Fax 505-272-2617 TKarbginsky@salud.unm.edu

**AND**

Radiology Research, UNM Radiology Research, Fitz Hall, B07. Phone 505-272-3826 RadiologyResearch@salud.unm.edu

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**UNM SOM Referral Billing Questionnaire**

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| --- | --- | --- | --- |
| SOM Dept where service(s) will be provided: | | **Radiology** | |
| SOM Administrator’s name: | Sarah Thomas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| UNM SOM Administrator’s contact: | [SLthomas@salud.unm.edu](mailto:SLthomas@salud.unm.edu) 505-272-0009 | |

**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.**

|  |  |  |
| --- | --- | --- |
| **CPT CODES** | **Description** | **Professional Fee** |
| Enter CPT Code. | Click or tap here to enter text. | *.* |
| Enter CPT Code. | Click or tap here to enter text. |  |
| Enter CPT Code. | Click or tap here to enter text. |  |
| Enter CPT Code. | Click or tap here to enter text. |  |
| Enter CPT Code. | Click or tap here to enter text. |  |
| Enter CPT Code. | Click or tap here to enter text. |  |
| Enter CPT Code. | Click or tap here to enter text. |  |
| Enter CPT Code. | Click or tap here to enter text. |  |

*Professional fees cannot be input by applicant; fees must be verified with Finance*

*by Radiology Research Coordinator.*

**UNM Department Administrator’s Authorization**

|  |  |
| --- | --- |
| **UNM Administrator’s signature** |  |
| **Date of signature** |  |

**UNM Administrator’s approval and signature must be completed in order to assign a guarantor number.**

**Please send Questionnaire and PR to:**

UNMH, Tobbi Karbginsky, Finance, Referral Billing, Hope Bldg, Suite 3183. Phone 505-272-3647 Fax 505-272-2617 TKarbginsky@salud.unm.edu

**AND**

Radiology Research, UNM Radiology Research, Fitz Hall, B07. Phone 505-272-3826 RadiologyResearch@salud.unm.edu