

Tips and Tricks on How to Fill Out the Green Forms

Things you will have to complete:

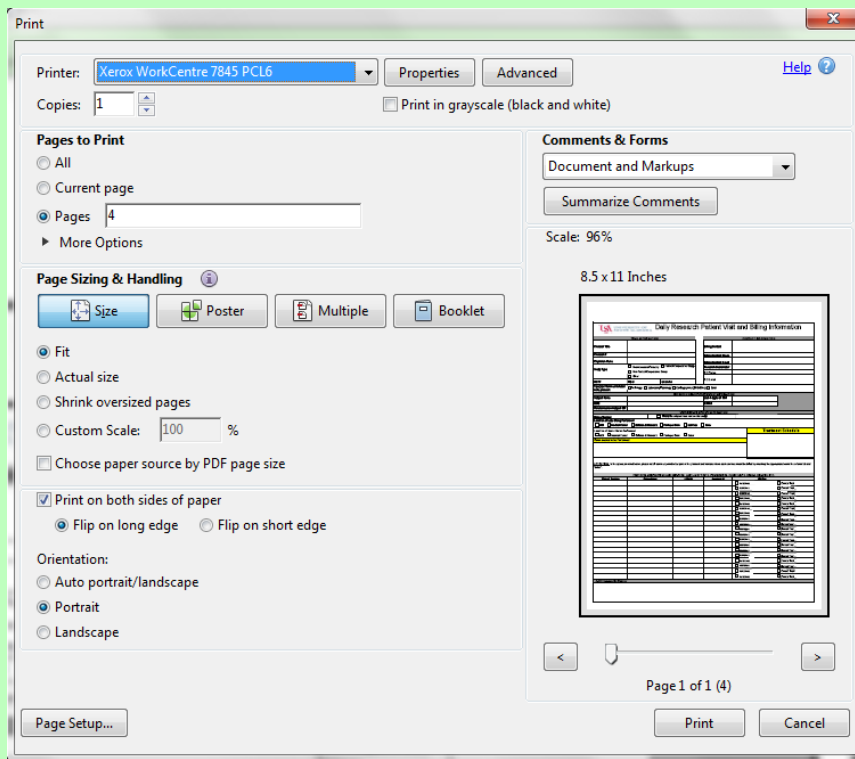
1. Protocol Title
2. Protocol #
3. Physician Name
4. Study Type – Check mark what “Type of Study”
5. NCT# if applicable
6. IRB #
7. SAMSF#
8. Billing Contact Name, Phone # and Email
9. Research Coordinator, Phone # and Email
10. Types of Services – Check mark what “Type of Service”
11. Subject Name
12. DOB
Tip: Input the DOB as 00/00/0000
13. Randomization/Subject ID#
14. Last 4 digits of SS#
Tip: The form will only accept the last four digits
15. MRN#
16. Date of Service
 - a. Tip: Input the DOS as 00/00/0000
 - b. Tip: If the patient has completed the study please checkmark box “This is the subject’s last visit on this study.”
17. Locations of Labs Being Performed
 - a. Check mark the box where the labs are being performed
 - b. “Other” you can free text. Limited on character and space.
18. Location of Scans Being Performed
 - a. Make sure you have the type of scan(s) to be performed and when the scan(s) should be scheduled. You can also free text in the “Other” box.
 - b. Any note should contain **“Do not cancel this appointment without contacting the coordinator listed above.”**
19. Treatment Cycle Schedule – this is a free text box
20. Other Studies to be performed – this is a free text box
21. Protocol Driven Items and Services
 - a. Date of Service
 - i. Tip: Input the DOS as 00/00/0000
 - b. Procedures
 - i. This should coordinate with location of labs and/or procedures being performed.
 - c. ICD-10/CPT
 - d. Account #
 - i. If billed to a clinical trial the 800 numbers will be recorded here.
This is just a refresher of how the 800 numbers work.
 1. If the patient is getting labs drawn that will be billed to clinical trials. Add the 800 number that is issued monthly, beside that lab. Also checkmark bill to “Clinical Trial”

2. If the patient is having SOC labs being drawn. Do not place an 800 number and checkmark bill to “Insurance”
 3. If the patient is having SOC labs and you need extra tubes filled for clinical trials there is no lab draw fee (venipuncture) for clinical trial.
 - ii. If the patient is having a scan in addition to completing the location and scan to be performed complete the information in the protocol driven items and service space. Complete date of service, name of procedure and checkmark whether or not it should be billed to “Insurance” or “Clinical Trial.”
22. Note
 - a. This is the box at the bottom of the form and is a free text box.
23. “Clear Form” - Don’t forget to use the Clear Form Button to clear the form when you have completed the form and saved the form and then printed for the IRB Notebook.

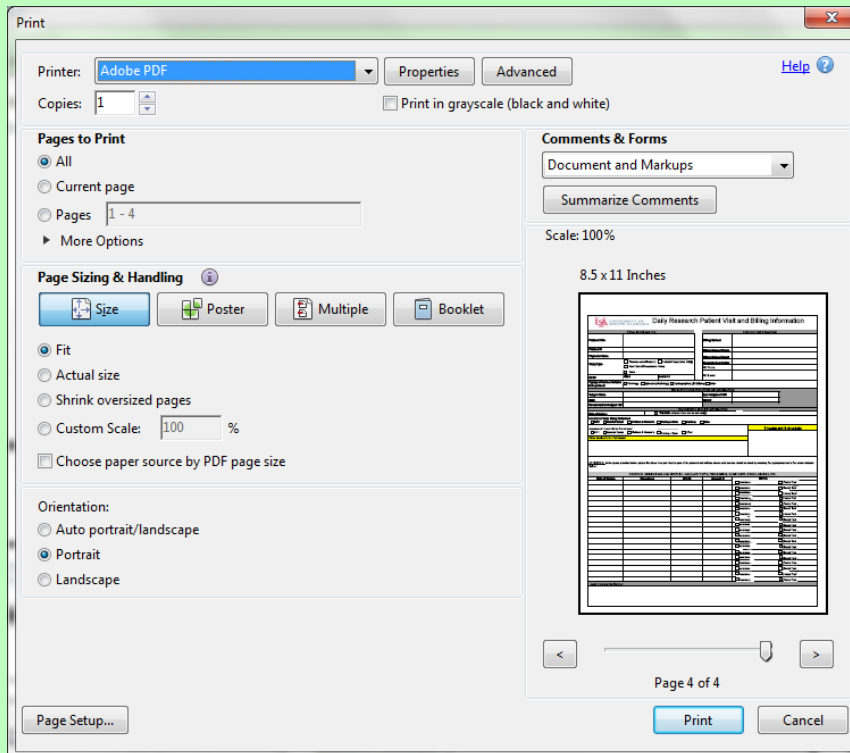
What to do after finishing the form

Follow these steps to save the form:

1. Click on “File”
2. Click on “Print”



3. Change the name to say “Adobe PDF”



4. Click “OK” and name your file and where to save it on your computer.

TIP: You may leave it as a fillable form, but I would not recommend it because then anyone could come along and edit it.

Please submit this sheet with Direct Pay to SAMSF (in COM Business Office)

Daily Research Patient Visit and Billing Information

TRIAL INFORMATION			CONTACT INFORMATION	
Protocol Title			Billing Contact	
Billing Study Name as set up in NextGen/Cerner:			Billing Contact Phone	
Protocol #			Billing Contact E-mail	
Physician Name			Research Coordinator	
Study Type	<input type="checkbox"/> Pharmaceutical/Industry <input type="checkbox"/> Federal/Cooperative Group <input type="checkbox"/> Non-Federal/Cooperative Group <input type="checkbox"/> Other		RC Phone	
NCT#	IRB #	SAMSF #	RC E-mail	
Type(s) of Services Included in the protocol:	<input type="checkbox"/> Radiology <input type="checkbox"/> Laboratory/Pathology <input type="checkbox"/> Cardiographics (EKG/Echo) <input type="checkbox"/> Other			

RESEARCH SUBJECT/PARTICIPANT INFORMATION	
Randomization/Subject ID#	

VISIT/SERVICE SPECIFIC INFORMATION	
Date of Service:	***Check this box if this is the subject's last visit on this study***
Location	<input type="checkbox"/> MCI <input type="checkbox"/> Medical Center <input type="checkbox"/> Children & Women's <input type="checkbox"/> Fairhope Clinic <input type="checkbox"/> LabCorp <input type="checkbox"/> Other
Location of Scans Being Performed	<input type="checkbox"/> MCI <input type="checkbox"/> Medical Center <input type="checkbox"/> Children & Women's <input type="checkbox"/> Fairhope Clinic <input type="checkbox"/> Other
Other studies to be Performed	Treatment Schedule

ATTENTION: In the space provided below, please list all services provided as part of the protocol and indicate where each service should be billed by checking the appropriate box in the column labeled "bill to".

PROTOCOL-DRIVEN ITEMS AND SERVICES: ANCILLARY TESTS, PROCEDURES, CLINIC VISITS, DRUGS, DEVICES, ETC.					
Date of Service	Procedures	ICD-10/CPT	Account #	Bill To:	
				Insurance	Clinical Trial
				Insurance	Clinical Trial
				Insurance	Clinical Trial
				Insurance	Clinical Trial
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				Insurance	Clinical Trial
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