

JHS CTO RESEARCH ENCOUNTER TICKET

This form must be completed and signed by the principal investigator or designated research staff and faxed (305)585-6144 or emailed (JHSClinicaltrialsoffice@jhsmiami.org) on the same day as the patient visit to ensure timely revenue cycle for the hospital. Recommendation: Please keep template filled out with basic information and 10 copies readily available for patient encounter.

CRRC Review Date:	Date of Appointment:
CTO Date of Receipt (for CTO office use only):	

Abbreviated Study Title:			
IRB #			
PI NAME		Subject Initials	
PI PHONE		MRN#	
Depart/Div			
Coordinator			
Coord. Phone			
ClinicalTrial.gov#			

Sponsor Information			
Sponsor		Billing Account #	888-
IDE#		CDM#	
IND#			
FDA Approved			

Type of Study	
DRUG NAME	
DEVICE NAME	

PROCEDURES				
Items/Services (R/SoC)	Q0/Q1	CPT	Service Location Site	Charge item to S/I
Comments				

<i>For clinical trials office use only:</i>	Date of Bill Sub:	Date of Release:
<i>Reason for non release:</i>		
<i>Date:</i>		

Modifier Key Q0 denotes the investigational item or procedure within the protocol.
 Q1 denotes routine care being conducted in the context of the protocol.
 S denotes sponsor will pay for procedure
 I denotes insurance will pay for procedure

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