

RESEARCH ENCOUNTER NOTIFICATION FORM
RESEARCH BILLING ERROR/ RESEARCH BILL REJECTED

This form and a copy of the research subject's bill must be faxed to the Center for Advanced Medicine immediately upon notice of research billing error. Fax #: 587-4630

Subject Name: _____

Subject Study #: _____ SSN: _____

Research Study #: _____ Study Title: _____

Explanation of Research Billing Error/Rejected Research Bill:
(Page #2 – Research Subject Encounter Notification Form must be completed in detail.)

Comments: _____

Printed Name of Person Reporting Error

Signature

Date