

**Research Accommodation/Study Account Extension Form Instructions**

This form is to be utilized by the Principal Investigator (PI) to request an extension of an existing accommodation/study account.

- Section I must be filled out completely by the PI and sent to the appropriate UMC Department Director (either by mail, fax or e-mail). Please include Medical Record Number (account number) of account extending in Section III.
- The UMC Department Director will complete Section II and approve the discount amount by signing where indicated. The Director will then forward the form to the appropriate UMC Vice President for approval.
- Once all signatures have been received, the UMC Director will return the form to the PI for acceptance.
- If the PI agrees to the discount amount the PI should sign in Section II. The form must be sent to Accommodation Account Billing/ UMC Business Office, PO Box 24-5020, Attn: Patty Villarreal (694-1163) or faxed to 694-0231 for account extension.

**THIS FORM AND PROCEDURE IS FOR UMC CHARGES ONLY. NOT FOR UPI OR PHYSICIAN CHARGES**

**RESEARCH ACCOMMODATION / STUDY ACCOUNT REQUEST FORM**

**\*\*\*EXTENSION OF EXISTING ACCOUNT\*\*\***

**SECTION I:**

Principal Investigator Name:  Phone Number:

Study Name:

Bill to Address/ Phone:

Procedures Requested:

Start Date:  Approximate End Date:

Number of Patients in Study:

I acknowledge that this account will be closed to research activity if at any time a billed charge balance remains 60 days after its billing date. Account will not be reopened until paid current.

Title and signature of individual responsible for account payment

Date

**SECTION II:**

Providing Department/ Department Director Signature and Date

Discount Percentage

Providing Department/Department Director Signature and Date

Discount Percentage

Providing Department/Department Director Signature and Date

Discount Percentage

Providing Department/Department Director Signature and Date

Discount Percentage

Principal Investigator Acceptance

UMC Vice President

**SECTION III:**

Research Plan Code assigned (Non-registered):

Research Plan Code assigned (Registered):

Medical Record Number assigned:

**DISCOUNTS ARE NOT AVAILABLE ON THE FOLLOWING PROCEDURES/DEPARTMENT:**

- Reference Lab Sendouts
- Blood/Blood Products
- Pharmacy--Medications