Research Appointment Scheduling Form

**Purpose:** To ensure Research Staff provide complete information when scheduling appointments for a research subject. This form can be used over the phone or faxed to the scheduler.

<table>
<thead>
<tr>
<th>Patient Name/MRN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT #/Protocol Name:</td>
</tr>
<tr>
<td>Procedure/Services Requested:</td>
</tr>
<tr>
<td>Special Instructions:</td>
</tr>
</tbody>
</table>

1. In which clinic will the subject receive services?

2. What is the desired date for the appointment?

   ___________________________ ± ___________________________ Days/Weeks

3. Will the services be billed to the patient's insurance or to the study?

**Note**

- If the services will be **billed to the patient's insurance**, skip to step 6 and answer "Y."
- If the **Sponsor/Study will be billed**, advise the scheduler that the following FSC information needs to be entered in the Generic Carve Out page of the Registration screen and answer step 6 with "N."

8/12/2015
4. Which FSC should be used?

☐ 421 – Study was set up prior to 1/1/14
☐ 644 – Non-Industry funded study set up after 1/1/14 with the new Fee Schedule (Skip to step 6)
☐ 645 – Industry funded study set up after 1/1/14 with the new Fee Schedule (Skip to step 6)

5. Provide/Verify the following information:

Carrier Dictionary: 10140 (only use for FSC 421, leave blank for FSC 644 & 645)
Carrier Name: (Study Short Name) ________________________________________________
Addr 1: (Billing Street Address) __________________________________________________
Cty,St: Richmond, VA
Zip: 23298
Tel: (Research Coordinator's #) _________________________________________________
Eff Dt: (On Study Date) _________________________________________________________
Carrier ID #: (Study Short Name) _______________________________________________
Billing Contact: _______________________________________________________________
Contact Tel: (Billing Contact's #) _______________________________________________
Pl: __________________________________________________________________________
Study #: (IRB #) ______________________________________________________________

6. On the Appointment Data Form (ADF), the Scheduler will ask “Do you want to bill insurance?”

Y – Services are to be billed as Routine Care to the patient’s insurance
N – Services are to be billed as Sponsor Billed to the study

**Note** If you answered “Y,” the patient’s insurance pulls to the visit. If you answered “N,” the study information from the Generic Carve Out page pulls to the visit.

7. If visit is related to a clinical trial (Sponsor Billed or Routine Care), populate the NCT # on the ADF. The study can be found by the NCT # or Protocol Name. The NCT # will copy forward to the visit screen.

8. If study cannot be found, request the Scheduler file the appointment without the NCT #.

9. Research Coordinator forwards the Billing Set up Forms and patient/appointment information to ClinicalTrialsBilling@mchv-vcu.edu to have the study added to the system and the patient’s appointment to be updated.