MUHA/UMA

REQUEST FOR RESEARCH PRICING

HR# _____ Study start date: _____

Study end date: _____

Sponsor: _____

Corp: _____ Federal: _____ Foundation: _____ Dept: _____ Other: _____

PI Name _____ Research Coordinator: _____

PI telephone number: _____ Coordinator telephone number: _____

PROTOCOL TITLE

Protocol number: _____ Appx. number of subjects to be enrolled:

Provide name of test/procedure or CPT or charge code:

Test or procedure*	CPT Code	Charge Code	Hosp* Charge	Hosp (Discounted) Res Rate	UMA* Prof Fee	UMA (Discounted) Res Rate

Requested by: Date:

Prepared by Hosp: Susan M. Rittmann Date:

Prepared by UMA: Date:

*Most, if not all, tests and procedures have both a hospital/technical fee AND a professional fee.