

PCRU Billing Form
(Fax to 2705 or leave in PCRU office)

Subject's Name: _____

Date of Service: _____

DOB: _____

Account Number _____

Arrival Time: _____

(or place subject's label here)

Discharge Time: _____

Seen in : PCRU, Day Med.,
(Please circle what is applicable)

PICU, Other

Study Mnemonic: _____

Study Nurse: _____

PI: _____

Billing mnemonic: (circle one) 1HR MR(2-8hrs) HD(9-12hrs) RM(13-24hrs)

GCRC Funded: (circle one) Yes No (if yes) GCRC number: _____

GCRC Protocol (circle one if applicable) 9906 9902 9907 0009

For PCRU Coordinator Use:

ACH Research Account: _____

Amount Charged: _____

Date entered: _____