**ACHESS mHealth Payment Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Visit #** | **Time in Lab** | **Rate** | **Bonus Earned?** | **Check #** | **Visit Date** | **Total Earned/Paid** |
| **Screen Visit** | \_\_\_\_\_\_\_\_\_\_\_ hours \_\_\_\_\_ | $20/hour | n/a | **\_\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** | **No payment for elig** |
|  |  |  |  |  |  | **Ineligible Participant**  **$** |
|  |  |  |  |  |  |  |
| **Intake Visit** | \_\_\_\_\_\_\_\_\_\_\_ hours | $20/hour | n/a | **\_\_\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** | **Payment for Screening Visit $\_\_\_\_\_\_\_\_\_\_** |
| **Take-Home Assignment** |  | $40 | Yes  | n/a |  |  |
|  |  |  |  |  |  |  |
| **Follow-up Visit 1** | \_\_\_\_\_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_\_\_\_ | $20/hour | **$\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Payment for intake visit + V1 hours  $ \_\_\_\_\_\_\_** |
| **Use of Own Device\*** | \*Add $66 to follow-up payment if participant uses their own device. | $66/month | Yes  |  |  |  |
| **Visit 1 Bonuses:** |  |  |  |  |  |  |
| Carrying cell | if < 10% missing data | $15 | Yes  |  |  |  |
| Qualtrics EMA | if < 10% missing data | $25 | Yes  |  |  |  |
| Audio EMA | if < 10% missing data | $25 | Yes  |  |  |  |
| Wrist sensor activity data | if < 10% missing data | $15 | Yes  |  |  |  |
| Sleep data | if < 10% missing data | $15 | Yes  |  |  |  |
| GPS location data | if < 10% missing data | $10 | Yes  |  |  |  |
|  |  |  |  |  |  |  |
| **Follow-up Visit 2** | \_\_\_\_\_\_\_\_\_\_\_ hours | $20/hour | **$** | **\_\_\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** | **V2 hours + V1 bonuses  $\_\_\_\_\_\_\_\_\_\_\_** |
| **Use of Own Device\*** | \*Add $66 to follow-up payment if participant uses their own device. | $66/month | Yes  |  |  |  |
| **Visit 2 Bonuses:** |  |  |  |  |  |  |
| Carrying cell | if < 10% missing data | $15 | Yes  |  |  |  |
| EMA | if < 10% missing data | $25 | Yes  |  |  |  |
| Audio EMA | if < 10% missing data | $25 | Yes  |  |  |  |
| Wrist sensor activity data | if < 10% missing data | $15 | Yes  |  |  |  |
| Sleep data | if < 10% missing data | $15 | Yes  |  |  |  |
| GPS location data | if < 10% missing data | $10 | Yes  |  |  |  |
|  |  |  |  |  |  |  |
| **Follow-up Visit 3 (Final)** | \_\_\_\_\_\_\_\_\_\_\_ hours | $20/hour | **$** | **\_\_\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** | **V2 and V3 bonuses + V3 hours $\_\_\_\_\_\_\_\_\_\_** |
| **Use of Own Device** | \*Add $66 to follow-up payment if participant uses their own device. | $66/month | Yes  |  |  |  |
| **Final Bonuses:** |  |  |  |  |  |  |
| Carrying cell | if < 10% missing data | $15 | Yes  |  |  |  |
| EMA | if < 10% missing data | $25 | Yes  |  |  |  |
| Audio EMA | if < 10% missing data | $25 | Yes  |  |  |  |
| Wrist sensor activity data | if < 10% missing data | $15 | Yes  |  |  |  |
| Sleep data | if < 10% missing data | $15 | Yes  |  |  |  |
| GPS location data | if < 10% missing data | $10 | Yes  |  |  |  |
| Cell Phone\* | \* Only for participants who used their own device | $99 | Yes  |  |  |  |
|  |  |  |  |  |  | **\_\_\_\_\_** |
| **Additional Visits** | **Time Spent in Lab** | **Amount Earned** | **Date Paid** |  |  |  |
| **Date:** |  |  |  |  |  |  |
| **Date:** |  |  |  |  |  |  |
| **Date:** |  |  |  |  |  |  |
| **Date:** |  |  |  |  | **Total PAID** | **$** |
|  |  |  |  |  |  |  |
| **PIR Payments:** |  |  |  |  | **Date Submitted** | **Date Chk Received** |
| Intake porting fees | **$ \_\_\_\_\_\_\_\_\_\_\_** | Documentation Attached  | | **n/a** | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** |
| Out porting fees | **$ \_\_\_\_\_\_\_\_\_\_\_** | Documentation Attached  | | **n/a** | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** |
| Other: | **$ \_\_\_\_\_\_\_\_\_\_\_** | Documentation Attached  | | **n/a** | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** |

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