Research Appointment Arrival Form

Purpose: To make sure that research appointments/visits contain necessary Clinical Trials information. All fields should already be complete in registration and on the appointment from the scheduling process.
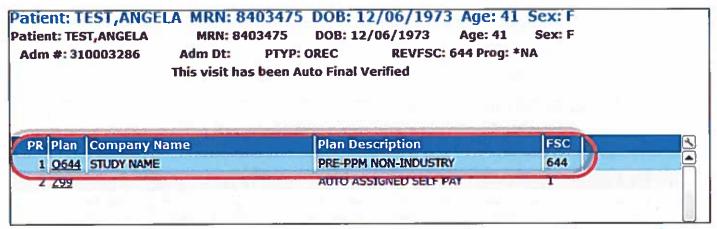
1. Validate the Insurance and NCT# fields are correct on the appointment:

Edit Appointment 1 Primary - MCV General

Patient: TEST,ANGELA						MRN: 8403475			FSC: HEALTHK
1 ANY WAY						DOB: 12/06/1973			MDIPA/O

Date	Day	Time	Stat	Typ	Provider	Dept	Loc	Dur	Appt #
08/19/2015	WED	8:00A	PEN	FUV	Q EYER MD,CHARLES	HEM Q	DOC Q	30	310003286

Should this service be billed to your health insurance (Y/N): N

FSC 1 for Appt: PRE-PPM NC Q FSC 2 for Appt: Q FSC 3 for Appt: Q

Referring Phy: SELF REFERRAL

Referring Clinic: Q   NCT #: 01816776 Q

Reason for Appt: Q

Comment:

Actual Provider: Q   Disease Site: Q

Resident Phy: Q   DX Code: Q

Referring Agcy: Q   Patient Tracking?: ☐

eneric Carve Out page is populated on the Registration screen.

Add/Edit Registration   2 - VCU HEALTH SYSTEM [Test UCI 4] - Generic Carve Out 1
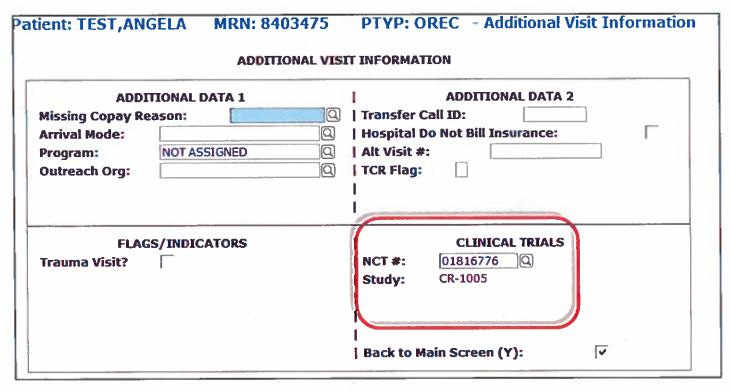
Inv FSC1: PRE-PPM NON-INDUSTRY Q # 644   Auto Liability AOB Dt: ☐

Carrier Dict: Q   Auto Liability AOB Loc: Q

Carrier Nm: STUDY NAME   Rel: Q

Addr1: 1 BILLING LANE   Insured Nm:

Addr2:   Insured Sex: ☐

Cty,St: RICHMOND,VA   Insured DOB: ☐

Zip: 23298   Tel: 804-555-1212   Billing Contact: LINCOLN,ANGELA

Carrier Code #:   Contact Tel: 804-555-1212

Group #:   Crime Date:

Eff Dt: 08/01/2015 ☐ Exp Dt: ☐   Generate Claim?: ☐

Carrier ID#: STUDY NAME   Auth #:

Comments: IDX User Init: AEL

  Date Added/Updated: 08/13/2015 ☐

  Payer Requires ICD-9 Code?: ☐

  PI: GEYER,CHARLES

  STUDY#: IRB #

3. If on the appointment, "Should this service be billed to your health insurance (Y/N):" was answered "Y", validate the patient's insurance is on the visit. If it was answered "N"

Patient: TEST,ANGELA	MRN: 8403475	DOB: 12/06/1973	Age: 41	Sex: F

Patient: TEST,ANGELA   MRN: 8403475   DOB: 12/06/1973   Age: 41   Sex: F

Adm #: 310003286   Adm Dt: PTYP: OREC   REVFSC: 644 Prog: *NA

This visit has been Auto Final Verified

PR	Plan	Company Name	Plan Description	FSC
1	O644	STUDY NAME	PRE-PPM NON-INDUSTRY	644
2	299		AUTO ASSIGNED SELF PAY	1

and a "FSC 1" was assigned, validate insurance was assigned to the visit as seen below.

4. If data on the appointment was missed, it can be added on the visit. During the arrival process, validate the NCT # and Study have been assigned on the visit screen.

Patient: TEST,ANGELA   MRN: 8403475   PTYP: OREC - Additional Visit Information

ADDITIONAL VISIT INFORMATION

ADDITIONAL DATA 1		ADDITIONAL DATA 2	
Missing Copay Reason:	[ ]	**Transfer Call ID:**	[ ]
Arrival Mode:	[ ]	**Hospital Do Not Bill Insurance:**	[ ]
Program:	NOT ASSIGNED	**Alt Visit #:**	[ ]
Outreach Org:	[ ]	**TCR Flag:**	[ ]

FLAGS/INDICATORS		**CLINICAL TRIALS**	
Trauma Visit?	[ ]	**NCT #:**	01816776
		Study:	CR-1005

Back to Main Screen (Y): [✓]

*** NOTE*** If study cannot be found, file the visit without the NCT # . The Research Coordinator should forward the Billing Set up Forms and patient/appointment information to ClinicalTrialsBilling@mcvh-vcu.edu to have the study added to the system and the patient's appointment updated.