

**MERCY MEDICAL CENTER – DM
Institutional Review Committee
Clinical Research Protocols
Addendum A**

Billing and Allocation Guideline for Patient Account

Protocol Name: _____

Sponsor: _____

Principal Investigator: _____

Approval Date: _____

Inpatient Costs Paid by Research Sponsor (Include Test Device, Article #)	Inpatient Patient/Insurance Billable (Standard of Care Related)
Outpatient Costs Paid by Research Sponsor (Include Test Device, Article #)	Outpatient Patient/Insurance Billable (Standard of Care Related)

Research Coordinator/Director Name (Print) _____

Signature: _____

Phone: _____