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## Request for BSLMC Pricing

**Instructions:** To request pricing for tests/procedures from the Baylor St. Luke’s Medical Center (BSLMC), please complete this form and submit it to [BSLMC\_Researach@bcm.edu](mailto:BSLMC_Researach@bcm.edu). For questions, email [BSLMC\_Research@bcm.edu](mailto:BSLMC_Research@bcm.edu) or call 713.798.6024.

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| IRB of record #: |  | Principal Investigator: | |  |
| Study sponsor type: | Industry  Non-industry | | | |
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| Study Title: |  | | | |
| Short Title: |  | | | |
| Proposed start date for project: |  | | | |
| Physical study address for BSLMC hospital invoices: |  | | | |
| Whom shall we contact with questions and to provide pricing results? | | | | |
| Financial Contact name: |  | | | |
| Financial email: | | | Financial phone: | |
| Financial Contact name: | | | | |
| Financial email: | | | Financial phone: | |
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| Completed | Attach the schedule of events or billing grid clearly delineating what tests/procedures will be performed at BSLMC and which will be paid by research. | | | |
| Completed | Attach protocol and consent if available (draft is acceptable). | | | |
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| Please list **all** tests and procedures that will be performed at BSLMC that you are requesting pricing for.  **NOTE:** In-patient procedures will require ICD 10 procedure codes, DRG, and may require meeting with Finance to determine correct patient population.  **Professional Charges:** BSLMC is unable to provide pricing for professional services. For pathology research pricing, please contact Lynn Bergeron ([lynn.bergeron@medarms.co](mailto:lynn.bergeron@medarms.co)m) or Tammy Akif ([takif@bcm.edu](mailto:takif@bcm.edu)) at Community Pathology. For radiology research pricing, please contact Kathryn Ploum ([kathryn.ploum@radpartners.com](mailto:kathryn.ploum@radpartners.com)) at Singleton Associates. | | | | |
| **CPT Code** | **Service Description** | | **In-patient / Out-patient** | **ICD 10 Procedure Codes and DRG (if applicable)** |
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| **COMMENTS:** Please add any information that may help the Office of Research and/or Finance determine correct pricing *(i.e., sponsor is paying for entire admission; or sponsor is paying for specific line items for inpatients)*. | | | | |
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| **REVIEWED/APPROVED BY PRINCIPAL INVESTIGATOR:** | |  | | |
|  | | Signature/Date | | |