McLaren Flint Flint, MI

RESEARCH DEPARTMENT INPATIENT MANUAL BILL HOLD

Date:	Page 1	. of	
To:		m:	
FlintINPTResearch@mo	claren.org		
	Visit ID #		N/A
Patient's Name:		Date of Birth	:
Date of Service:	Account #		
Attending / Admitting I	Physician:		
Service Type:	ESEARCH Routine Care		
Study Title:			
NCT #			
IND#	□ N/A		
IDE#	□ N/A		
Insurance / Payor:	RESEARCH Medicare Oth	ner Private Ins	
Bill th	ne following research	Bill the	following routine care to Insurance
Date	Test/Procedure	Date	Test/Procedure
Physician Signature		Date/Time	