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| **Study and Service Information**  **Study Team Instructions**:   1. Use a separate form for each clinic to be used. 2. Get correct clinic contact info from the “Clinic Manager” column of [**List of Contacts**](https://ctsi-clinicalresearch-intranet-sop.sites.medinfo.ufl.edu/tools-resources/uf-health/cos/)and enter it into the **blue** box =>. 3. Complete the white sections of this form. Research U code guidance can be found below and in the [**UFHP Clinic Tip Sheet**](https://intranet.ahc.ufl.edu/wwa/Admin/OCIO/ciodept/EducationalTechnologies/training/epic/documentation/Research%20Association%20-%20Visits%20in%20UFHP%20Clinics.pdf) **.** If you have questions about a specific service or CPT code, or how a charge will be entered at checkout, please contact the Clinic Manager directly to get help completing this form. 4. Email COS request to the Clinic Manager. 5. Optional: If pricing estimates are needed, follow instructions in **green** box =>   Principal Investigator:  Study Title:  Study Contact Name:  Study Contact Phone:  Email: | | | | **COS Request/Notice Sent to**  **Click here to select UFHP Clinic location**  Clinic Manager Name:  Phone:  Email:  Date COS Request/Notice Sent to Clinic:  Note: Clinic COS forms are optional and are to be used as a tool to inform the clinic about an upcoming study. Clinic managers should contact study teams if there are questions about the services listed.  COS forms are **REQUIRED** for all UF Eye Clinics. | | | **Clinic Pricing Estimates**  **(Optional)**  Research U code pricing is listed at the bottom of this form. For other services and CPT codes, if study team needs pricing estimates for budget development purposes, study team must ensure that all fields in the white and blue sections are complete/correct before sending this pricing request to:  **OCR – Coverage Analysis & Budget Team**  [OCR-CAB@ahc.ufl.edu](mailto:browca@shands.ufl.edu)  Phone: 352-273-5946  Date Request Rec’d by OCR:  Date Returned to Study Team: | |
| **Description of Service/Activity**  **performed in clinic space** | # of Patients | # per Patient | **Who will perform this Service/Activity?** | **How will the charge be entered at checkout?** | | **If U code or CPT Code, indicate the specific code that will be used** | **Optional Professional**  **List Price**  **(To be completed by RBO)**  **Use $0.00 if not applicable** | **Optional Professional Medicare/Research Rate**  **(To be completed by OCR)**  **Use $0.00 if not applicable** | |
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| **Research U Code Research Rate Pricing Key**  **(List Price does not apply):** | | | **Study-Funded E&M Visit with Clinic Provider**  **U0889 Provider Visit (>30 minutes) $100.00**  **U0890 Provider Visit (1-30 minutes) $50.00** | | **Study-Funded Research Visit with Salary-Supported Provider or Study Team Member**  **U0891 Salary Support - Provider or Non-Provider Visit (>30 minutes) $0.00**  **U0892 Salary Support - Provider or Non-Provider Visit (1-30 minutes) $0.00** | | | | |

**ADDITIONAL COMMENTS:**