Novant
CLINICAL RESEARCH INSTITUTE

Investigational Protocol
Billing Compliance Worksheet

Protocol Number:	**Date IRB Approved:**
Protocol Title:	
Investigator:	**Sponsor:**
IDE/IND:	**Address for billing:**
Investigator Contact:	**Phone:**

Protocol Visit Period (s)	Billable Test/Procedure	SOC	Study Specific	Mechanism for appropriate Billing
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Notes: (extra visits or billable procedures)				

Fax to: 336.277.9960
Or save and email to: NCRI@novanthealth.org