

VCU Respiratory Care Services

Billing correction

Project title: _____

Principal investigator: _____

Coordinator: _____

Patient name: _____

Patient MR or SSN: _____

Study/procedure: _____

Description of error: (check boxes on all that apply)

- Procedures/study billed to patient/patient's insurance
- Overcharge for service
- Undercharge for service
- Invoice not received
- Other: _____

Your request will be reviewed promptly and someone from VCU Respiratory Care Services will contact you.