



Clinical Pathology Research Services Billing Correction Form

Account Name: _____

Cerner Alias #: _____ (available on manual requisition)

Principal Investigator: _____

Clinical Coordinator: _____

Subject Name/ID: _____

Subject MRN (20000#) or Date of Birth: _____

Date of Service: _____ (MM/DD/YYYY)

Test(s):

Description of Error: (double click to mark boxes of all that apply)

Incorrectly charged for service

Overcharge

Undercharge

Invoice not received

Other (please describe):

Your request will be reviewed promptly. A representative from Clinical Pathology Research Services (CPRS) will contact you within 3-5 business days.

Please submit this form via e-mail or fax to:

Millicent Smith, MT (ASCP)

msmith5@mcvh-vcu.edu

fax: 804.827.1996