



MRI SCAN BILLING FORM

DATE of SCAN:

SCANNER NAME:

**Cost is \$500 for ONE (1) hour of scanner time
 with a 30 minute minimum**

(set-up time is included in the first hour)

****Scan time will be billed in 15-minute increments****

RESEARCHER/PI:

IRB NUMBER:

STUDY NAME:

COST CENTER:

Technologist Use Only

Scan START TIME:

Scan END TIME:

BILLING PURPOSES ONLY

Scan Time TOTAL:

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TOTAL to be BILLED:

***CORRECTIONS TO SCAN TIME BILLED SHOULD BE REQUESTED WITHIN 48 HOURS OF RECEIPT**