

Magnetic Resonance Imaging Unit
New York State Psychiatric Institute
1051 Riverside Drive, New York, NY 10032
Telephone: 646-774-7262
mriunit@nyspi.columbia.edu
MRI Billing Form

Invoice # (IRB-Exam#): _____

Invoice Amount: _____ Neuroradiology Read: Yes- No-

Fund Source: RF- CU- Pilot (Requires Approval of MRI Unit Director-

Other- If Other Specify Fund Source: _____

Account #: _____

Grant PI Last Name: _____ Grant PI First Name: _____

Scan Date: _____ Start Time: _____ End Time: _____

Study Name: _____

IRB/IACUC of Record: NYSPI- CU- Other-

If Other Specify IRB/IACUC: _____

IRB/IACUC Protocol #: _____

IRB/IACUC PI Last Name: _____ IRB/IACUC PI First Name: _____

Exam Number: _____

Subject Type: Human- Animal- Phantom-

Subject ID: _____

Comments: _____

Signature of Authorized Personnel on Account: _____ Date: _____

Print Name of Authorized Personnel on Account: _____

Signature of MRI Administrator: _____ Date: _____

Print Name of MRI Administrator: _____

Signature of Scanning RA (at time of scan): _____ Date: _____

Print Name of Scanning RA: _____