

Magnetic Resonance Imaging Unit
New York State Psychiatric Institute
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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 #: _____

PI Last Name: _____ 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: _____

Study Representative: _____

Name of MRI Administrator: _____

Name of Scanning RA: _____