



## Patient Payment Reimbursement Form

DATE: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

RE: Patient Payment

Please process payment of \$\_\_\_\_\_ for \_\_\_\_\_

for his/her participation in study titled: \_\_\_\_\_

with Protocol number: \_\_\_\_\_ on: \_\_\_\_\_

Please mail the check to: \_\_\_\_\_

Payment Description:

Study visit compensation \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

For more information, please contact me at \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
PRINCIPAL INVESTIGATOR

\_\_\_\_\_  
EXECUTIVE DIRECTOR

Check # \_\_\_\_\_

ATTACHED: CPRS PRINT OUT FROM VISIT.