**Billing authorizaTion for MRI scans**

**Performed at the brain Imaging Center**

I authorize the Psychiatry Dept/CU-Anschutz to charge my grant listed below for any MRI scans performed for this study.

**Title of the study**:

**COMIRB#**

**Speed Type #:**

**Pricing: Per subject per hour $650**

**If scan is 20 minutes or less $325**

**(must be scheduled in a 30 minute slot)**

**If Contrast Injection is needed, an additional: $30-$60**

**Valid Dates**: **07-01-17 to 6-30-18**

**Principal Investigator**:

**Email**:

**Study Coordinator:**

**Contact Phone#:**

**Submit completed form to Debra Singel at** [**Debra.Singel@cuanschutz.edu**](mailto:Debra.Singel@cuanschutz.edu)