



# Contract Intake Form

## General Information

Contract #: \_\_\_\_\_ Purchasing Entity (DBA): \_\_\_\_\_

Individual(s) providing services: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Department Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Questionnaire

1. Is the company to whom services are being provided an educational, not-for-profit or Governmental organization? Yes No\*

2. Who will be billing for services under the contract?

- A. Patient Accounting Billing for Clinical Services? Yes No
- B. CU Medicine Finance Billing for Other Service? Yes No Other: \_\_\_\_\_

3. If this contract is for consulting services will it be used as program or salary support by the faculty? Yes\* No N/A

**NOTE: If this contract IS NOT consulting, please skip to Q#4.**

**\*If you answered yes, have the faculty member sign below:**

I agree, given the nature of the consulting agreement and its intended use, to retain any funds generated from the following contract in my clinical department.

Faculty Name: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. What specific CU Medicine Account Structure Dimensions should payments be posted to? (Place 0 in section if not applicable.)

Fund	Activity	Dept	Division	Billing Area	CB Program	AX ID	Provider
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5. How should invoicing occur for services?

Frequency: \_\_\_\_\_

Format: Electronic Paper Fax Other: \_\_\_\_\_

6. What is the External Billing Contact information?

External Billing Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

7. What is the External Contract Contact Information?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

8. Does the Purchasing entity require a purchase order prior to invoicing?  Yes\*  No

**\*If you answered yes, please prompt the point of contact to initiate the purchase order to avoid payment delays.**