***SUBMISSION OF INFORMATION COLLECTION***

***UNDER GENERIC CLEARANCES***

***DATE OF REQUEST:*** \_April 8, 2011\_\_\_\_\_\_\_\_\_\_\_\_\_

***SUB AGENCY (I/C):*** \_\_\_\_CC/OD\_\_\_\_\_\_\_\_\_\_\_

***TITLE:*** \_Survey of NIH Clinical Center Patients: Third Party Reimbursement Feasibility Project

***GENERIC CLEARANCE UNDER OMB#*** ­\_\_0925-0458 ***EXP. DATE:*** \_12/31/2013 \_\_\_

# ***ABSTRACT:***

This survey will obtain information from clinical research participants enrolled in clinical research protocols at the NIH Clinical Center (NIH CC). The survey data will provide the NIH CC with information about research participants’ health insurance coverage and their perceptions/attitudes about the NIH CC billing their insurance carriers for standard care provided at the CC. These data will be used to inform the feasibility of collecting third party reimbursement at the NIH CC.

***TOTAL ANNUAL BURDEN APPROVED:*** \_\_17352\_

***BURDEN USED TO DATE:*** \_\_70\_\_\_

***BURDEN THIS REQUEST:*** \_\_37.8\_\_

***IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?***

\_\_\_\_\_\_YES \_X\_\_NO\_\_\_\_\_\_N/A

***OBLIGATION TO RESPOND:***

\_\_X\_\_ VOLUNTARY

\_\_\_\_\_\_ REQUIRED TO OBTAIN OR RETAIN BENEFITS

\_\_\_\_\_\_ MANDATORY

***HOW WILL THIS SURVEY BE OFFERED?***

\_\_\_\_\_ WEB SITE

\_\_\_\_\_ TELEPHONE INTERVIEW

\_\_\_\_\_ MAIL RESPONSE

\_X\_ IN PERSON INTERVIEW

\_\_\_\_\_ OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***CONTACT INFORMATION:***

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