

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 NO _____N/A

OBLIGATION TO RESPOND:

VOLUNTARY

_____ REQUIRED TO OBTAIN OR RETAIN BENEFITS

_____ MANDATORY

HOW WILL THIS SURVEY BE OFFERED?

_____ WEB SITE

_____ TELEPHONE INTERVIEW

_____ MAIL RESPONSE

IN PERSON INTERVIEW

_____ OTHER: _____

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