

Sample Chargemaster Change Form:

Chargemaster Change Request Form

Please forward form to Cost Accounting upon completion. It will then be sent to the Chargemaster Coordinator. After the changes have been made, she will send the completed form back to you. Please update your Charge Ticket accordingly.

Information to be filled out by Department Manager:

Date: _____

Name: _____

Dept Name: _____ Dept Number: _____

1. Add ___ Inactivate ___ Change ___

Description: _____ Cost: _____

Nursing Time: _____ Tech Time: _____ Other Time: _____

Misc. Supplies (other than patient chargeable) _____

Radioactive Material _____ Radiology Films _____

Information to be filled out by Finance and Chargemaster:

CPT/HCPCS code _____ Medicare Rev Code _____

Medical Assistance Rev Code (if relevant) _____ FIM _____ SIM _____

Date Completed by Chargemaster: _____

Chargemaster Signature: _____

Date Completed by Cost Accounting: _____

Cost Accounting Signature: _____