**New Innovations Resident Funding Override Request Form**

This request is to modify the Bill To (hospital or CFS) associated with a resident. The Bill To indicated on this form will override the default Bill To on all rotation(s) to which the listed resident is assigned. All items must be completed before the request can be reviewed. Once all required information is completed and the form is digitally signed on page two, Save As a PDF file and email completed form ms.gme@uth.tmc.edu.

1. Name of Resident/Fellow: Enter Resident Name
2. Program: Choose a Program
3. If CFS is to be billed, has it already been set up in NI? [ ]  No [ ]  Yes
	1. If No, please fill out and submit NI CFS Request Form before submitting this form.

Select Bill To Location (if hospital) ***or*** Chartfield String:

Bill To: Choose a Bill To Location.

CFS: Choose a CFS.

Effective Dates of Override: From: Start date To: End date

Name of person completing form: Click here to enter text. Click here to enter text.

Name of DMO/ASO approving form: Click here to enter text. Click here to enter text.

Title: Click here to enter text.

Signature of person approving form:

(Double click signature box)

For GME use only

Received/Reviewed by: Click here to enter text.

Date: Click here to enter text.

Entered by: Click here to enter text.

Date: Click here to enter text.

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