

GRADUATE MEDICAL EDUCATION  
BILLING ADJUSTMENT FORM  
REQUEST FOR ROTATION/ASSIGNMENT CHANGE

The Billing Adjustment Form is to be used to request and document any resident schedule changes after monthly affiliate bills have been distributed. A justification for the schedule change is required.

Instructions: Complete the form with the requested information, obtain signatures, and return to the GME Office.

Program Name:	
Trainee Name(s):	
Rotation/Assignment Name:	
Rotation/Assignment Date(s):	
Justification:	
Please detail process to prevent this error from re-occurring:	

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Program Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Accountable Officer)