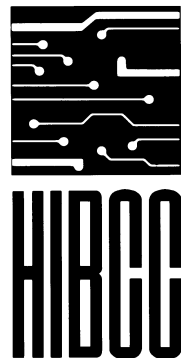


***HIN<sup>®</sup> SYSTEM***  
***AUTHORIZED LICENSEE APPLICATION***  
**(Human Health/Facility)**

**Health Industry Business  
Communications Council**

2525 E. Arizona Biltmore Circle  
Suite 127  
Phoenix, Arizona 85016  
602.553.8552  
FAX: 602.381.1093  
Website: [www.hibcc.org](http://www.hibcc.org)  
Email: [info@hibcc.org](mailto:info@hibcc.org)



**SECTION A. ORGANIZATIONAL INFORMATION**

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

What is your organization's *primary* business?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Claims Processor | <input type="checkbox"/> GPO/IDN                       | <input type="checkbox"/> Pharmaceutical Manufacturer |
| <input type="checkbox"/> Data Processor   | <input type="checkbox"/> Medical Surgical Manufacturer | <input type="checkbox"/> Pharmaceutical              |
| <input type="checkbox"/> Data Reseller    | <input type="checkbox"/> Medical Surgical              | <input type="checkbox"/> Wholesaler/Distributor      |
| <input type="checkbox"/> Exchange         | <input type="checkbox"/> Wholesaler/Distributor        | <input type="checkbox"/> Provider                    |

**SECTION B. SHIPPING INFORMATION**

Database distributions are shipped Ground via USPS.

Please complete the following if shipping information is different from company information in Section B.

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

**SECTION C. MEDIA SPECIFICATIONS**

**Media Preference - CD-ROM**

**Layout:**  ASCII Comma-Delimited  ASCII Fixed Block

**SECTION D. AUTHORIZE LICENSEE CATEGORY AND FEES**

**ENTIRE HIN DATABASE**

(Includes all Human Health records, on-going maintenance to records and access to iHIN.)

<u>Initial Access Fee</u>	<u>Annual License Fee*</u>
\$7,500	\$4,000

**HIN SUBSETS\*\***

(Includes records contained within specified subset and on-going maintenance to records.)

<u>Subset</u>	<u>Initial Access Fee</u>	<u>Annual License Fee *</u>
Hospital Related	\$5,000	\$2,000
Alternate Care/Clinics	\$3,000	\$4,000
Pharmacies	\$3,000	\$1,500
Dialysis Centers	\$2,500	\$1,000
U.S. PHS 340B Entities	\$2,000	\$1,000
Nursing Homes	\$1,000	\$1,000

\*\* Data includes all assigned locations within a facility or campus.

**DEMOGRAPHIC SUBSETS**

(Specified based on zip codes or zip + market segments. Includes on-going maintenance to records.)

<u>Records</u>	<u>Initial Access Fee</u>	<u>Annual License Fee *</u>
<input type="checkbox"/> 1-1,000	\$500	\$500
<input type="checkbox"/> 1,001-5,000	\$1,000	\$1,000
<input type="checkbox"/> 5,001-10,000	\$1,500	\$1,500
<input type="checkbox"/> 10,001-50,000	\$2,500	\$2,500
<input type="checkbox"/> 50,001 – 100,000	\$5,000	\$5,000
<input type="checkbox"/> Over 100,000	See above – Must apply for access to Entire Database.	

\* Invoiced in quarterly installments, beginning with the first calendar quarter following the date of distribution of the initial CD.

**By signing below I certify the information indicated to be correct and in accordance with the guidelines stated above.**

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Signature of Official Representative Title Date

