

HIN[®] SYSTEM SUBSCRIPTION FORM
(Prescribers)

**Health Industry Business
Communications Council**

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SECTION A. COMPANY INFORMATION

Company Name _____

Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

E-Mail Address _____

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

CD-ROM:

- ASCII Comma-Delimited
- ASCII Fixed Block

SECTION D. SUBSCRIPTION CATEGORY AND FEE

FEES FOR ENTIRE HIN PRESCRIBER DATABASE

	<u>Initial Access Fee</u>	<u>Annual Renewal**</u>
<input type="checkbox"/> New Subscriber	\$20,000	\$10,000
<input type="checkbox"/> Current Facility DB Subscriber	\$10,000	\$10,000

FEES FOR SUBSCRIBER SUBSETS

To subscribe to a subset of the Practitioner Database, subscription rate will be based on the following:

<u>Number of Prescribers</u>	<u>Initial Access Fee</u>	<u>Annual Renewal**</u>
<input type="checkbox"/> 1-999	\$750	\$750
<input type="checkbox"/> 1,000-5,999	\$5,000	\$4,000
<input type="checkbox"/> 6,000-12,999	\$7,500	\$6,000
<input type="checkbox"/> 13,000-39,999	\$10,000	\$8,000
<input type="checkbox"/> 40K-100K	\$12,500	\$10,000
<input type="checkbox"/> 100K-Above	<i>Subscription to full file required. See above.</i>	

FEES FOR SPECIFIC SUBSETS

	<u>Initial Access Fee</u>	<u>Annual Renewal**</u>
<input type="checkbox"/> Dentists	\$7,500	\$5,000

*Available by selection criteria only (i.e., zip code, city, state, credentials, etc.) Custom selections are available at an additional cost. Contact HIBCC Office for details.

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

