HIN[®] 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

Email: info@hibcc.org



SECTION A. ORGANIZATIONAL INFORMATION (Bill To)

Company Name				
Contact Person	Title			
Address				
City				
Telephone ()	Fax ()			
E-Mail Address				
What is your organization's <i>primary</i> business? Claims Processor GPO/IDN Medical Surgical Madical Surgical Medical Surgical Health Care Provider Data Handler/Intermediary	☐ Pharmaceutical			
SECTION B. SHIPPING INFORMATIO Database distributions are shipped Ground via U				
Please complete the following if shipping inform Section B.	nation is different from company information in			
Company Name				
Contact Person	Title			
Address				
City	State ZIP			
Telephone ()	Fax ()			
E-Mail Address				

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SECTION C. MEDIA SPECIFIC	CATIONS					
Media Preference - CD-ROM						
Layout: ASCII Comma-Delin	mited ASCII Fi	xed Block				
SECTION D. AUTHORIZE LICENSEE CATEGORY AND FEES						
ENTIRE HUMAN HEALTH HIN DATABASE*** (Includes all Human Health records, on-going maintenance to records and access to iHIN.)						
	Initial Access Fee	Annual License Fee*				
	\$7,500	\$4,000				
WEEKLY UPDATES (HIN licensees receive quarterly refreshes of the entire database, as well as access to the online portal and weekly updates.)						
	Initial Access Fee	Annual License Fee*				
	Included	\$800				
HUMAN HEALTH HIN DATABASE SUBSETS** (Includes records contained within specified subset and on-going maintenance to records.) (Does NOT include online access)						
<u>Subset</u>	Initial Access Fee	Annual License Fee *				
 ☐ Hospital Related ☐ Alternate Care/Clinics ☐ Pharmacies ☐ Dialysis Centers ☐ U.S. PHS 340B Entities ☐ Nursing Homes 	\$5,000 \$3,000 \$3,000 \$2,500 \$2,000 \$1,000	\$2,000 \$4,000 \$1,500 \$1,000 \$1,000 \$1,000				
** Data includes all assigned locations within a facility or campus.						
* Invoiced in quarterly installments, beginning with the first calendar quarter following the date of distribution of the initial CD.						
*** Processing fees may apply, invoiced monthly. Refer to the HIN request submission guidelines available at HIBCC's HIN resource center or click here for detailed information.						
By signing below I certify the information indicated to be correct and in accordance with the guidelines stated above.						
Signature of Official Representative	Title	Date				

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SECTION E. PAYMENT INFORMATION

☐ Please charge my: ☐ Visa	☐ MasterCard	☐ Americ	can Express
CREDIT CARD NUMBER	EXPIRATIO	N DATE	CSV/CID CODE
CARDHOLDER'S NAME (as it appears of	on the card)	CARDHO	OLDER'S SIGNATURE
CARDHOLDER'S ADDRESS			
CARDHOLDER'S CITY	STATE	ZIP/POSTA	AL CODE
☐ Please invoice me directly. Atta	ached is my Purchase	Order. P.O.	#
☐ Enclosed is a check or money o	rder in the amount of	\$	
Return this form along with a signe	ed Data Use License A	Agreement an	d payment information to:
HIBCC 2525 E Arizona Biltmore Circle, Su Phoenix, Arizona 85016	uite 127		
Phone: 602-553-8552 Fax	x: 602-381-1093		

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