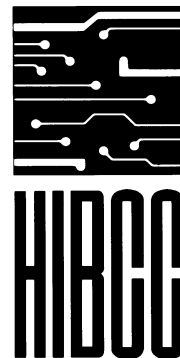


HIN[®] SYSTEM
AUTHORIZED LICENSEE APPLICATION
(Human Health/Facility)

**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 _____ State _____ Zip _____

Telephone () _____ Fax () _____

E-Mail Address _____

What is your organization's *primary* business?

- | | | |
|--|--|--|
| <input type="checkbox"/> Claims Processor | <input type="checkbox"/> Medical Surgical Manufacturer | <input type="checkbox"/> Pharmaceutical Manufacturer |
| <input type="checkbox"/> GPO/IDN | <input type="checkbox"/> Medical Surgical | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Health Care Provider | Wholesaler/Distributor | Wholesaler/Distributor |
| <input type="checkbox"/> Data Handler/Intermediary | | |

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 () _____

E-Mail Address _____

SECTION C. MEDIA SPECIFICATIONS

Media Preference - CD-ROM

Layout: ASCII Comma-Delimited ASCII Fixed 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.)

	<u>Initial Access Fee</u>	<u>Annual License Fee*</u>
<input type="checkbox"/>	\$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.)

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