

HIN[®] SYSTEM
AUTHORIZED LICENSEE APPLICATION
(Prescribers)

**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. COMPANY INFORMATION (Bill To)

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 () _____

E-Mail Address _____

SECTION C. MEDIA SPECIFICATIONS

CD-ROM:

- ρ ASCII Comma-Delimited
- ρ ASCII Fixed Block

SECTION D. AUTHORIZED LICENSEE CATEGORY AND FEE

FEES FOR ENTIRE HIN PRESCRIBER DATABASE***

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

FEES FOR DATABASE SUBSETS *

To receive access to a subset of the Practitioner Database, rates will be based on the following:

<u>Number of Prescribers</u>	<u>Initial Access Fee</u>	<u>Annual License Fee **</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>See above – Must apply for access to Entire Database.</i>	

FEES FOR SPECIFIC SUBSETS

	<u>Initial Access Fee</u>	<u>Annual License Fee **</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 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.

SECTION E. PAYMENT INFORMATION

Please charge my: Visa MasterCard American Express

CREDIT CARD NUMBER	EXPIRATION DATE	CSV/CID CODE
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CARDHOLDER'S NAME (as it appears on the card)	CARDHOLDER'S SIGNATURE
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CARDHOLDER'S ADDRESS

CARDHOLDER'S CITY	STATE	ZIP/POSTAL CODE
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Please invoice me directly. Attached is my Purchase Order. P.O.# _____

Enclosed is a check or money order in the amount of \$_____

Return this form along with a signed Data Use License Agreement and payment information to:

HIBCC
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