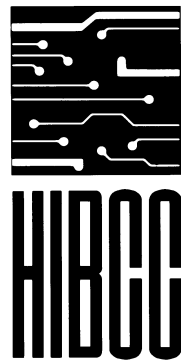


***HIN[®] SYSTEM
AUTHORIZED LICENSEE APPLICATION***

**Health Industry Business
Communications Council**

4747 N. 22nd Street
Suite 406
Phoenix, Arizona 85016
602.553.8552
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 () _____

Tax ID _____

E-Mail Address* _____

* Email address domain must be the same for all users accessing HIN data through this account.

List additional company email domain, if any:

_____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. DATA CONTACT INFORMATION

Please complete the following if data user information is different from company bill-to information in Section A.

Company Name _____

Contact Person _____ Title _____

Address _____

City _____ State _____ ZIP _____

Telephone () _____ Fax () _____

E-Mail Address _____

Tax ID _____

SECTION C. 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

ENTIRE ANIMAL HEALTH HIN DATABASE***

(Includes all Animal 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 & QUARTERLY UPDATES (Add-on service)

(Only applicable with a license to either Entire Human Health or Animal Health HIN Database.)

	<u>Annual License Fee*</u>
<input type="checkbox"/>	\$800

API Service is also available as an add-on. Click [here](#) for more information.

* The Initial Access Fee is non-refundable. The Annual License Fee is invoiced in quarterly installments, beginning with the first calendar quarter following the date of distribution of the initial distribution. Fees are subject to change. Late or nonpayment of quarterly invoices may result in suspended access to HIN Data.

*** 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

SECTION D. PAYMENT INFORMATION

An invoice will be sent to the Billing Email Address provided above.

If you would like a Purchase Order # included on the invoice, please provide below.

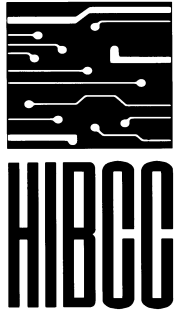
Attached is my Purchase Order. P.O.# _____

Payments are accepted by EFT/ACH/Wire Transfer. You will receive the necessary bank information with the invoice. Please send any payment remittance to accounting@hibcc.org with the invoice number included.

Return this form along with a signed Data Use License Agreement to accounting@hibcc.org.

HIBCC
4747 N 22nd Street, Suite 406
Phoenix, Arizona 85016

Phone: 602-553-8552



RETURN SIGNED AGREEMENT

TO:

Health Industry Business
Communications Council
4747 N. 22nd Street, Suite 406
Phoenix, Arizona 85016
PHONE: 602.381.1091
Email: info@hibcc.org

HIN[®] SYSTEM DATABASE DATA USE LICENSE AGREEMENT (DULA)

_____(Hereinafter referred to as the Licensee) hereby licenses from Health Industry Business Communications Council (hereinafter referred to as HIBCC or the Licensors) the use of the Health Industry Number (HIN) System Database (hereinafter referred to as the Data) and the HIN registered service mark, Registration No. 74-705,861 (hereinafter referred to as the Mark) for license fee(s) as previously specified and paid herewith and/or to be paid on an annual basis (as applicable for license type/level). Licensee agrees that use of the Data and of the Mark shall be subject to the following terms and restrictions:

1. The Data and the compilation of the information contained therein and the Mark is and shall remain the sole property of the Licensors. Licensee will take no action to infringe on the rights of the Licensors therein.
2. Licensee acknowledges that the Data constitutes valuable copyrighted and proprietary information of Licensors, covered by the Copyright Registrations #TX-8-748-740, #TX-6-589-387, and #TX-5-522-923. Licensee agrees not to sell or release the Data to any third party and not to disclose any information contained in the Data to any other individual, association, firm, parent or subsidiary organization, or other entity whatsoever, except: 1. When identified by HIBCC as an authorized licensee of the same type/level; or, 2. With the prior written permission of Licensors ("permitted disclosure").
3. Any "permitted disclosure", publication or other permitted public use of the information contained in the Data or the Mark will indicate that the Licensors is the source of the information, will carry the legend "HIN is a Registered Service Mark of HIBCC, and used under license" and will indicate the dominant use of the Mark with an ® symbol.
4. Licensee agrees to maintain the quality, the integrity, and the confidentiality of the information contained in the Data, and of the goodwill in the Mark as used with services (in accordance with the summary, "*HIN System Database Data Licensing Guidelines*"). Any breach of this provision shall allow HIBCC to terminate this license immediately, and seek injunctive relief and damages for the breach.
5. HIN licenses do not convey between a parent organization and/or its subsidiaries and divisions. Each subsidiary and division must maintain its own, individual license to the HIN Database in order to be an Authorized Licensee.
6. If the Licensee contracts services with a third-party agent or consultant which requires the transmittal of the Data to the third-party, the third-party must license the HIN database prior to receiving, accessing, and/or using HIN data in any way.
7. If the Licensee is a data reselling organization Licensee agrees to use the information in the Data strictly for internal uses, and is prohibited from selling or otherwise distributing or disclosing the information in the Data to any third party, including customers or clients of Licensee, unless any such other organization is also a licensee.
8. A continuing HIN license is required for an organization to use the HIN. In order to maintain a continuing license all invoices must be up-to-date. Late or nonpayment of invoices may result in suspended access to HIN Data. All fees are subject to change. If an organization elects to cancel its HIN license, that organization is required to remove all HIN information from its systems, and is prohibited from using the HIN in any transaction.

9. This Agreement shall take effect upon acceptance in writing below by the authorized agent of the Licensor in Phoenix, Arizona.
10. The obligation of confidence and nondisclosures assumed by Licensee hereunder shall not apply to:
- a) Information which at the time of disclosure is in the public domain; or
 - b) Information which thereafter lawfully becomes a part of the public domain other than through disclosure by Licensee; or
 - c) Information known to Licensee prior to licensors' disclosures to Licensee; or
 - b) Information which is lawfully disclosed to Licensee by a third party not under an obligation of confidentiality to licensor with respect to said information.
11. Licensee agrees to not copy or reverse engineer any HIBCC proprietary information including; the Class of Trade assignment process, the HIN structure and enumeration rules, and the HIN Database layout.
12. Authorization Type (must also complete corresponding Database Application):
- ☐ Human Health – Facility (full) Database
 - ☐ Animal Health (full) Database

Having read the above, and having understood the terms and conditions of the Agreement, Licensee agrees to assume full responsibility for compliance with this Agreement. Any breach of this Agreement or any term therein will subject Licensee to any and all injunctive relief and legal and equitable remedies available to the Licensor.

Name of Licensee Organization _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email _____

Name of Contact _____ Job Title _____

Tax ID _____

Signature of Authorized Officer of Licensee _____

Accepted by Health Industry Business Communications Council (HIBCC) in Phoenix, Arizona.

Signature of HIBCC Authorized Agent _____ Date _____