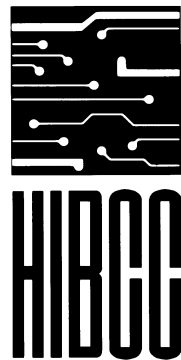


HIN[®] SYSTEM
AUTHORIZED LICENSEE APPLICATION

**Health Industry Business
Communications Council**

4747 North 22nd Street
Suite 406
Phoenix, Arizona 85016
602-381-1091
Website: www.hibcc.org
Email: info@hibcc.org



Submit this form together with (1) a signed HIN Data Use License Agreement (DULA) and (2) official documentation verifying your Company/Organization Name and Tax ID/EIN.

SECTION A. ORGANIZATIONAL INFORMATION

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Authorized Officer/Primary Contact Name _____

Title _____ Primary Contact Telephone _____

E-Mail Address* _____

Secondary Contact Name _____ Title _____

E-Mail Address* _____ Telephone _____

Bill-To Contact (if different from above)

Name _____ Title _____

E-Mail Address* _____ Telephone _____

* 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 | <input type="checkbox"/> Wholesaler/Distributor | <input type="checkbox"/> Wholesaler/Distributor |
| <input type="checkbox"/> Data Handler/Intermediary | | |

SECTION B. DATA CONTACT INFORMATION (if different from Section A)

Company Name _____

Contact Name _____ Title _____

Address _____ City _____ State _____ ZIP _____

Telephone _____ E-Mail Address _____

SECTION C. AUTHORIZE LICENSEE CATEGORY AND FEES

HUMAN HEALTH HIN SYSTEM***

(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

ANIMAL HEALTH HIN SYSTEM***

(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 becoming a HIN Authorized Licensee. 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 Authorized Officer

Title

Date

SECTION D. PAYMENT INFORMATION

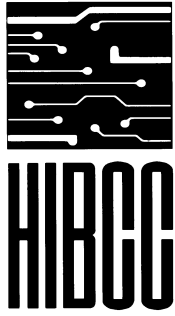
Please invoice me directly. Attached is my Purchase Order. P.O.# _____

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

Submit this form together with (1) a signed HIN Data Use License Agreement (DULA), (2) official documentation verifying your Company/Organization Name and Tax ID/EIN, and (3) any corresponding payment information to:

HIBCC
4747 North 22nd Street
Suite 406
Phoenix, AZ 85016

Phone: 602-381-1091
Email: info@hibcc.org



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

To be completed by HIBCC

Authorization Type

- Human Health (full) Database
 Animal Health (full) Database

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

Name of Licensee Organization

Tax ID/EIN

(Hereinafter referred to as the Licensee) hereby licenses from Health Industry Business Communications Council (hereinafter referred to as HIBCC or the Licensor) 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 Licensor. Licensee will take no action to infringe on the rights of the Licensor therein.
2. Licensee acknowledges that the Data constitutes valuable copyrighted and proprietary information of Licensor, 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 Licensor ("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 Licensor 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.

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 _____ Tax ID _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email _____

Name of Authorized Officer _____ Title _____

Signature of Authorized Officer of Licensee _____ Date _____

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

Signature of HIBCC Authorized Officer _____ Date _____