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
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?

☐ Claims Processor   ☐ Medical Surgical Manufacturer   ☐ Pharmaceutical Manufacturer
☐ GPO/IDN            ☐ Medical Surgical               ☐ Pharmaceutical
☐ Health Care Provider    Wholesaler/Distributor    Wholesaler/Distributor
☐ 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   _________________________________________________________
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.)

<table>
<thead>
<tr>
<th>Initial Access Fee*</th>
<th>Annual License Fee*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7,500</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

WEEKLY & QUARTERLY UPDATES
(HIN licensees receive quarterly refreshes of the entire database, as well as access to the online portal and weekly updates.)

Initial Access Fee
Included

Annual License Fee*
$800

HUMAN HEALTH HIN DATABASE SUBSETS**
(Includes records contained within specified subset and on-going maintenance to records.)
(Does NOT include online access)

<table>
<thead>
<tr>
<th>Subset</th>
<th>Initial Access Fee</th>
<th>Annual License Fee *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Related</td>
<td>$5,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Alternate Care/Clinics</td>
<td>$3,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>$3,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Dialysis Centers</td>
<td>$2,500</td>
<td>$1,000</td>
</tr>
<tr>
<td>U.S. PHS 340B Entities</td>
<td>$2,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

** Data includes all assigned locations within a facility or campus.

* 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.

*** 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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Updated 12/2019
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 $________________________

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

HIBCC
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Phoenix, Arizona  85016

Phone:  602-553-8552