

Request for Standard Reports and Data Compilations

Customer Information:

Customer Name: _____
 Contact Person: _____
 Address: _____

 Phone: _____
 Email Address: _____

Type of Customer: Check box that appropriately describes type of customer.

<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> University	<input type="checkbox"/> Consumer Group
<input type="checkbox"/> Consultant	<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Research Organization
<input type="checkbox"/> Advocacy Group	<input type="checkbox"/> Attorney	<input type="checkbox"/> Government
<input type="checkbox"/> State Association	<input type="checkbox"/> Media	<input type="checkbox"/> Other _____

Use of Data:

Will electronic data be resold to clients or customers of the requesting organization?
 Yes No

Will data be accessed or used by entities affiliated with the requesting organization?
 Yes No

Have you received or have you requested any Non-Standard Reports or Data Compilations from WHA Information Center, LLC representing the same time period described in your Data Request below?
 Yes No

Description of Data Request: Check box to indicate data request(s): *Refer to Data Set Definitions for complete product descriptions.*

Quarterly Discharge Data Sets

<i>Fixed-Width Data Set</i>		<i>Relational Data Set</i>		<input type="checkbox"/> Physician-Enhanced Data Set
<input type="checkbox"/> Inpatient Discharge Data Set	<input type="checkbox"/> Inpatient Discharge Data Set	<input type="checkbox"/> Outpatient Surgery Data Set	<input type="checkbox"/> Outpatient Surgery Data Set	<input type="checkbox"/> Border-State County Enhanced Data Set
<input type="checkbox"/> Outpatient Surgery Data Set	<input type="checkbox"/> Outpatient Surgery Data Set	<input type="checkbox"/> Emergency Department Data Visits Data Set	<input type="checkbox"/> Emergency Department Data Visits Data Set	
<input type="checkbox"/> Emergency Department Visits Data Set	<input type="checkbox"/> Emergency Department Data Visits Data Set	<input type="checkbox"/> Observation Data Set	<input type="checkbox"/> Observation Data Set	
<input type="checkbox"/> Physician-Enhanced Data Set	<input type="checkbox"/> Observation Data Set	<input type="checkbox"/> Other Hospital Outpatient (OHO) Data Set	<input type="checkbox"/> Other Hospital Outpatient (OHO) Data Set	

Annual Hospital Survey

<i>Data Sets</i>		<i>Publications</i>	
<input type="checkbox"/> Hospital Fiscal Survey Data Set	<input type="checkbox"/> Hospital Fiscal Survey Data Set	<input type="checkbox"/> Guide to Wisconsin Hospitals	<input type="checkbox"/> Guide to Wisconsin Hospitals
<input type="checkbox"/> Annual Survey of Hospitals Data Set	<input type="checkbox"/> Annual Survey of Hospitals Data Set	<input type="checkbox"/> Health Care Data Report	<input type="checkbox"/> Health Care Data Report
		<input type="checkbox"/> Hospital Quality Indicator Report	<input type="checkbox"/> Hospital Quality Indicator Report
		<input type="checkbox"/> Uncompensated Health Care in Wisconsin Hospitals	<input type="checkbox"/> Uncompensated Health Care in Wisconsin Hospitals
		<input type="checkbox"/> Hospital Rate Increase Report	<input type="checkbox"/> Hospital Rate Increase Report

IMPORTANT NOTICE

Data requesters will be required prior to the receipt of any data set to sign a data use agreement that will govern all use, including receipt, of data. Nothing in this Request for Standard Reports and Data Compilations requires the WHA Information Center, LLC to provide any data to the data requester.

Unless otherwise indicated, we will process the data request as a standing order. The request can be cancelled with a written notice to the WHA Information Center prior to the receipt of data. If you wish to only receive a select number of quarters, please indicate which quarters:

Standing Order begin: Q _____ If not a standing order, tell us _____
 Y _____ which quarters you would like: _____

Please sign and return form.

Signature _____ Date _____