

**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. (Sales may be subject to tax)*

**Annual**

**Data Sets**

Hospital Fiscal Survey Data Set  
 Annual Survey of Hospitals Data Set  
 Hospital Uncompensated Health Care Plan Data Set

**Publications**

Hospital Rate Increase Report  
 Uncompensated Health Care in Wisconsin Hospitals  
 Health Care Data Report  
 Guide to Wisconsin Hospitals  
 Hospital Quality Indicator Report

**Quarterly**

**Facility-Level Data Set**

Inpatient Discharge Data Set  
 Ambulatory Surgery Data Set  
 Emergency Department Data Set

**Physician-Enhanced Data Set**

Inpatient Discharge Data Set  
 Ambulatory Surgery Data Set  
 Emergency Department Data Set

**Public Use Files**

Inpatient Discharge Data Set  
 Ambulatory Surgery Data Set  
 Emergency Department Data Set

**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 \_\_\_\_\_

***Internal office use only***

Amount _____	Code _____	Inpatient Discharges _____
	Tier _____	ASC Cases _____
		ED Discharges _____