

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

Publications

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

Quarterly

Facility-Level Data Set

Physician-Enhanced Data Set

Public Use Files

<input type="checkbox"/> Inpatient Discharge Data Set	<input type="checkbox"/> Inpatient Discharge Data Set	<input type="checkbox"/> Inpatient Discharge Data Set
<input type="checkbox"/> Ambulatory Surgery Data Set	<input type="checkbox"/> Ambulatory Surgery Data Set	<input type="checkbox"/> Ambulatory Surgery Data Set
<input type="checkbox"/> Emergency Department Data Set	<input type="checkbox"/> Emergency Department Data Set	<input type="checkbox"/> 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 _____