

Order Form

Hospital Discharge Public Use Data File

To order, please complete this form and mail to the address below.
Data cannot be shipped until payment has been received.
Prices are subject to change.

State agencies, universities, and public health departments may qualify for discounts and should contact THCIC.

Statewide Data	Reporting Hospitals	All Others
2005 – 2006 <small>(1q06 released Mar 07, 2q06 released Jun 07, 3q06 released Sep 07, 4q06 released Dec 07)</small>	\$2100 per calendar year or \$650 per quarter	\$4600 per calendar year or \$1400 per quarter
1999 – 2004	\$212.50 per quarter	\$525 per quarter

Regional Data													
2000 – 2005				\$100 per quarter per region				\$300 per quarter per region					
Hospital Discharges PUDF	Year	Quarter				Format		Region <small>(for regional data only)</small>					Total
		1	2	3	4	Fixed Format	Tab Delimited	1	2	3	4	5	
*1999 - 2000 not available in Tab delimited													\$
Processing Fee	\$100 per quarter ordered (One year of data represents 4-quarters) All requesters of data are subject to the processing fee.										Total quarters ordered		
											X \$100 =	\$	
Overnight Shipping	** 1 CD \$15 ** Each additional CD \$5		*Purchasers requesting data at the hospital rate must include the hospital's THCIC ID # in order to qualify for that discount. **A year of Statewide data is on 4 CDs (no charge for regular mail)									\$	
											Total	\$	

Send this form, the signed Data Use Agreement and your check payable to **Texas Health Care Information Collection** to:

ZZ700/008
Texas Health Care Information Collection
DSHS-Center for Health Statistics
1100 West 49th Street, M-660
Austin, TX 78756

Please circle category: Reporting Hospital Texas State Agency Texas University Other

Name: _____

Title: _____

Organization: _____ THCIC ID (for discounted price): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax: _____ E-mail: _____