

## 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.

Texas state agencies, universities, and public health departments may quality for discounts and should contact THCIC.

2005 – 2006 (3q06 released Sep 07, 4q06 released Dec 07)  1999 – 2004  \$2100 per calendar year or \$650 per quarter \$4600 per calendar year or \$1400 per cale	per quarter				
Regional Data Reporting Hospitals All Others	\$525 per quarter				
	All Others				
2000 – 2005 \$100 per quarter per region \$300 per quarter per region	\$300 per quarter per region				
Hospital Quarter Format Region (for regional data only)					
Discharges PUDF 1 2 3 4 Fixed Format Delimited 1 2 3 4 5	Total				
*1999 - 2000 not available in Tab delimited					
delimited \$	P				
Processing \$100 per quarter ordered (One year of data represents 4-quarters) Fee All requesters of data are subject to the processing fee.  Total quarters ordered  X \$100 =					
** 1 CD \$25 Overnight Shipping  ** Each additional CD  **Purchasers requesting data at the hospital rate must include the hospital's THCIC ID # in order to qualify for that discount.					
Shipping \$15 **A year of Statewide data is on 4 CDs (no charge for regular mail) \$					
Total \$	Б				

Send this form, the signed Data Use Agreement and your check payable to <u>Texas Health Care Information Collection "ZZ 700/008"</u> to:

Cash Receipts Branch, MC 2003 Texas Department of State Health Services 1100 West 49<sup>th</sup> Street PO Box 149347 Austin, TX 78714-9347

Please circle category:	Reporting Hospital	Texas State Agenc	y Texas University	All Others
Name:				
			THCIC ID (for discounted price): _	
Address:				
City:		State:	ZIP:	
Phone Number:	Fax	c:	E-mail:	

Texas Health Care Information Collection

Phone: 512-458-7261 | Fax: 512-458-7740 | E-mail: <u>thcichelp@dshs.state.tx.us</u>