

# ORDER FORM



VIRGINIA HEALTH INFORMATION

## PLD and RATs Quarterly Hospital Data

Your Name:
Your Title:
Organization or Firm Name:
Street Address:
City, State, Zip Code:
Email:
Phone Number (including Area Code):
Fax Number (including Area Code):

Please Return Completed Order Form with Check or Money Order and Application for and Agreement to License Patient Level Data to:

**Virginia Health Information**  
**102 N 5<sup>th</sup> Street**  
**Richmond, VA 23219**  
**Phone: 804-643-5573**  
**Fax: 804-643-5375**

Enter License No. for reorders with current VHI License. \_\_\_\_\_

Updated 04-01-09

Media Description	Format (Please check one)	Type of File and Price Each per Quarter	Discharge Qtr & Year (e.g., 1q08, 2q08, 3q08, etc.)	Total Fees
CD-Rom (Compatible with IBM and MacIntosh)	_____ SDF _____ DBF	<u>Patient Level Data</u>		
		Individual Copy	\$1,050	
		Site License	\$2,100	
		Commercial License	\$2,690	
CD-Rom (Compatible with IBM and MacIntosh)	_____ SDF _____ DBF	<u>Readmission and Transfer</u>		
		Individual Copy	\$265	
		Site License	\$535	
		Commercial License	\$800	
		Govt Redistribution License	\$1,930	

**NOTE: EXCEPT WHERE NOTED OTHERWISE, ALL ORDERS MUST BE PREPAID AND ACCOMPANIED BY A COMPLETED APPLICATION FOR AND AGREEMENT TO LICENSE PATIENT LEVEL DATA. SALES TAX IS NOT APPLICABLE TO THE COMMERCIAL LICENSE.**

Subtotal	
VA Businesses add Sales Tax of 5%	
Shipping and Handling	\$25.00
Total Amount Enclosed	