

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

**Order Form
Public Use Data File
Hospital Inpatient Discharge Data**

To order, please complete this form and mail to the address below with the Data User Agreement
Data will not be shipped until payment has been received
Prices are subject to change

**Purchase Orders and Credit Cards are NOT accepted
Payment accepted by check only**

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

| Inpatient Discharge Data | Reporting Hospitals | All Others | | | | |
|---|--|--|-------------------------------|----------------|---------------------------------------|------------|
| 2008 – 2010 (1q10 released Mar 2010, 2q10 released Jun 2010, 3q10 released Aug 2010, 4q10 released Dec 2010) | \$2100 per calendar year or \$650 per quarter | \$4600 per calendar year or \$1400 per quarter | | | | |
| 2005-2007 (1999-2004 available free online) | \$212.50 per quarter | \$525 per quarter | | | | |
| Hospital Discharges PUDF | Year | Quarter | | | | Data Price |
| | | 1 | 2 | 3 | 4 | |
| | | | | | | |
| | | | | | | |
| Processing Fee | \$100 per quarter ordered | | <i>Total quarters ordered</i> | Processing Fee | | |
| | (One year of data represents 4-quarters and equals a \$400 processing fee) All requestors of data are subject to the processing fee. | | | | <input type="checkbox"/> X \$100 = \$ | |
| Discounts & Shipping | *Purchasers requesting data at the hospital rate must include the facility's THCIC ID # in order to qualify for the discount. | | | | | |
| | Orders outside of Texas will be shipped via UPS 2 Day Air at no charge. Texas orders (outside of Austin) will be shipped via LoneStar Overnight. | | | | | |
| Total (including data and processing fee) | | | | | \$ | |

Send this form, the signed Data Use Agreement, and
CHECK payable to:

Texas Health Care Information Collection ZZ 700/008
Cash Receipts Branch, MC 2003
Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347

Please circle category: Reporting Hospital Texas State Agency Texas University All Others

Name: _____
Title: _____
Organization: _____ THCIC ID (for discounted price): _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone Number: _____ Fax: _____ E-mail: _____