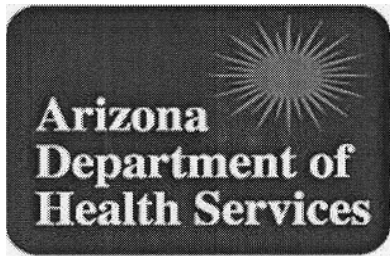


Business or Commercial Use Order Form
For Public Release of Arizona Hospital Discharge Data



MAIL YOUR ORDER TO:
Arizona Department of Health Services
Bureau of Public Health Statistics
Section of Cost Reporting and Discharge Data Review
 150 North 18th Ave - Suite 550
 Phoenix AZ 85007-3248
 Phone: 602-542-8064 Fax: 602-542-2940
 Website: <http://www.azdhs.gov/plan/crr/index.htm>

- ▶ **1. BEFORE ORDERING – REVIEW THE RELEASE INFORMATION - <http://www.azdhs.gov/plan/crr/ddr/rel/info.htm>**
- ▶ **2. Available data is Hospital Inpatient (IP) or Hospital Emergency Department (ED) discharge records.**
- ▶ **3. Data is provided in 6 month sets, January – June (“01”) and July – December (“02”) based upon discharge date.**
- ▶ **4. Cost for Business or Commercial data is \$900.00 per data set.**
- ▶ **5. All orders must include a properly completed and signed [Data Use Agreement](#)**
- ▶ **6. For information on the most current data available, check the information page on our website at <http://azdhs.gov/plan/crr/ddr/rel/info.htm>.**

Data Set Time Period (for example, 2011-01)	IP	ED	Sub-Total
A check for Total Amount Due, payable to Arizona Department of Health Services, must accompany this form.			Total Amount Due:

Ship To:

Name: _____ Company: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ E-Mail: _____
 Phone: _____ FAX: _____

Data is provided on CD in both ASCII and DBF Formats. Data on discharges 2009-02 and later is also provided in SAS format.
CDs will be sent regular USPS mail unless alternative shipping instructions are provided below:

Carrier Name: (FedEx / UPS / etc.)	Recipient's Account Number	Service Type: (overnight / 2-day / etc.)

For Office Use Only:

Date Rec'd _____ Check Number _____ Rec'd By _____ Date Sent _____ Sent By _____