



**ALABAMA
STATE HEALTH PLANNING AND DEVELOPMENT
AGENCY
PATIENT ORIGIN SURVEY REPORTS**



Report	Description	E-mail Cost	Mailed Cost												
1A	Discharges for specifically requested hospital by county of patients' residence	\$25 per hospital	\$40 per hospital												
1C	Discharges for specifically requested county of residence, by county in which the discharge occurred by total discharges	\$15 per County	\$25 per County												
1D	Discharges for specifically requested county of residence, by county in which the discharge occurred by total patient days	\$15 per County	\$25 per County												
2A	Discharges for specifically requested county of residence, by hospital which provided the services	\$20 per County	\$35 per County												
	Discharges for specifically requested county of residence, by hospital which provided the services Alabama Only (approx. 114 pg.)	\$90	\$105												
	Discharges for specifically requested county of residence, by hospital, which provided the services Out of State Only (approx. 379 pg.)	\$290	\$310												
	Discharges for specifically requested county of residence, by hospital, which provided the services, Complete (approx. 493 pg.)	\$370	\$400												
2A – Clinical	Discharges for specifically requested clinical service and specifically requested county	\$55 Per County plus \$10 per service	\$80 Per County plus \$10 per service												
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Clinical Services Available:</td> <td></td> </tr> <tr> <td>01 Medicine</td> <td>02 Surgery</td> </tr> <tr> <td>03 Pediatrics</td> <td>04 Gynecology</td> </tr> <tr> <td>05 Obstetrics</td> <td>06 Orthopedics</td> </tr> <tr> <td>07 Psychiatric/Substance Abuse</td> <td>08 Rehabilitation</td> </tr> <tr> <td>09 Other</td> <td></td> </tr> </table>	Clinical Services Available:		01 Medicine	02 Surgery	03 Pediatrics	04 Gynecology	05 Obstetrics	06 Orthopedics	07 Psychiatric/Substance Abuse	08 Rehabilitation	09 Other			
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09 Other															
	Discharges for specifically requested clinical service and specifically requested county Alabama Only (approx. 457 pg.)	\$365	\$400												
	Discharges for specifically requested clinical service and specifically requested county Out of State Only (approx. 587 pg.)	\$455	\$500												
	Discharges for specifically requested clinical service and specifically requested county Complete (approx. 1,044 pg.)	\$840	\$940												

Customized reports are available upon request. Contact us for instructions and prices.

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Report	Description	E-mail Cost	Mailed Cost		
2C – Zip Code Analysis	Discharges for specifically requested zip codes, groups of zip codes, or zip codes within a requested county	\$140 per county or \$60 per zip code with maximum \$1,800 and \$140 minimum	\$160 per county or \$70 per zip code with maximum \$1,800 and \$160 minimum		
3E	Discharges by county of residence and by clinical service	\$15	\$25		
4A	State summary of discharges by county of residence by total discharges	\$55	\$70		
4A – Clinical	State summary of discharges by county of residence by total discharges	\$55 plus \$10 per Service	\$70 plus \$10 per service		
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4B	Summary by state and county of residence by total patient days	\$55	\$70		
4B – Clinical	Summary by state and county of residence by total patient days	\$55 plus \$10 per Service	\$70 plus \$10 per service		

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Report	Description	E-mail Cost	Mailed Cost		
4E	Discharge comparisons by county of residence and by county of discharge	\$15	\$25		
5A	State summary of discharges by county of discharge	\$55	\$70		
5A – Clinical	State summary of discharges by county of discharge by clinical service	\$55 plus \$10 per service	\$70 plus \$10 per service		
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5B	State summary of discharges by county of discharge by total patient days	\$55	\$70		
6A	Discharges of residents from states other than Alabama	\$70	\$90		
7A	Discharges for specifically requested county of discharge, by nine clinical service codes, by county of patients' residence by total discharges	\$55 per County	\$70 per County		
7B	Discharges for specifically requested county of discharge, by nine clinical service codes, by county of patients' residence by patient days	\$55 per County	\$70 per County		
8A	Discharges by type of service (Demand and Supply)	\$55	\$70		
	Complete Set of Reports	\$2,500 CD- Rom	Not Available		
	Complete Data Base on CD in Access Format (Must complete data use agreement and submit by fax or mail prior to release of data.)		\$3,000		

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