

## AHP Performance Benchmarking Service Subscription Rates and Order Form

The AHP Performance Benchmarking Service is designed to collect data from **individual** health care organizations and **systems**. Health care systems may enter one set of data for the entire system although it is *highly recommended* that the system include data from its organizations on an individual basis. Health care systems may choose to enter data from all organizations within their system or from a select few.

One time set up fee: **AHP Members: \$4,000; Non Members: \$5,200 (Due with order form)**  
 Yearly subscription rate\*: **AHP Members: \$1,000; Non Members: \$1,500** per organization entering unique data (**Due by April 30**. Invoice provided)

\*Your subscription includes three users per organization.

*Example:* Computing the rate for a health care system

ABC Health System includes four health care organizations. The system decides to enter data for all four organizations and also one set of data for the entire system. In its first year, ABC Health System pays the one time set up fee of \$4,000 and is invoiced the subscription rate of \$5,000 (\$1,000 for the system data and \$1,000 for each organization's data). In year two, ABC Health System would pay \$5,000 (\$1,000 for the system data and \$1,000 for each organization's data), invoiced annually and due April 30.

*Example:*

Computing the rate for a single health care organization

In its first year, XYZ Organization pays the one time set up fee of \$4,000 when joining and is invoiced the subscription rate of \$1,000 due April 30. In year two, XYZ Organization pays \$1,000, invoiced annually and due April 30.

**Note:** *The annual subscription fee applies to consecutive years. If an organization decides not to renew in any one given year, then it must re-join the service and pay the set up fee.*

**Instructions:** Complete **ALL** Sections, A – G.

**Section A**

AHP Member Set up fee .....	\$4,000 <b>\$3,600</b>
Non Member Set up fee .....	<del>\$5,200</del> <b>\$4,680</b>

**Limited Time Offer: get 10% off the set up fee when you enroll by May 31!**

**Section B:** Payment Options:

- Check enclosed made payable to the Association for Healthcare Philanthropy  
 Please charge my credit card:       MasterCard     Visa       AMEX

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Section C: (Due April 30)**

Number of AHP Member organizations subscribing: \_\_\_\_\_ x \$1,000 ..... \_\_\_\_\_  
 Number of Non Member organizations subscribing: \_\_\_\_\_ x \$1,500 ..... \_\_\_\_\_

**Section D:** Is your organization a part of a health care system?    Yes    No    (circle one)

If **YES**, complete **Section E**

If **NO**, complete **Section F**

Is your organization a member of PSI?    Yes    No    (circle one)

*Sections E-G on reverse side*

**Section E:** For Health care systems and organizations that are part of a system ONLY

- Name of the health care system: \_\_\_\_\_
- Number of organizations participating\*: \_\_\_\_\_  
\*If you are entering data for the system as a whole, then include that in your total.

Please complete **Participant Information - Section F** for each organization participating. Include one for the system if you are submitting data at the system level as well.

**Section F:**

Participant Information (Systems should make copies of this form for each organization participating.)

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Name (Primary Contact – *Required*): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Allow access to salary data (Sections B and C–Direct and Indirect Human Resources): \_\_\_ Yes \_\_\_ No

Name (User 2 – *Optional*): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Allow access to salary data (Sections B and C–Direct and Indirect Human Resources): \_\_\_ Yes \_\_\_ No

Name (User 3 – *Optional*): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Allow access to salary data (Sections B and C–Direct and Indirect Human Resources): \_\_\_ Yes \_\_\_ No

**Section G:** Participant agrees to submit the necessary data for participation in the AHP Performance Benchmarking Service and acknowledges that the information provided to AHP will remain confidential. Participant also acknowledges that AHP may develop work product or other results in connection with this service, including data collection, analysis, report writing, creation of graphs, charts and learning tools.

Signature: \_\_\_\_\_



**Fax or mail form to:** Association for Healthcare Philanthropy, 313 Park Avenue, Suite 400, Falls Church, VA 22046 - Phone: 703-532-6243 Fax 703-532-7170