

# Facility-Group Cost Comparison Reports Order Form

**A. Please fill in the information below:**

Your name \_\_\_\_\_

Facility \_\_\_\_\_

City \_\_\_\_\_

District \_\_\_\_\_ Operating Certificate #: \_\_\_\_\_

\_\_\_\_\_ Enclosed check \_\_\_\_\_ Credit Card Info (Over)

**MEMBER PRICE: \$250 (plus sales tax) \_\_\_\_\_ County**

NOTE: If your facility is tax exempt, please attach a copy of your tax exempt certificate for our files.

\_\_\_\_\_ Select by Criteria below \_\_\_\_\_ Select individual facilities  
**(Complete sections B, C, and D) (Skip remainder of this page. Call for list.)**



If you are NOT selecting from the individual facility listing, please select the criteria below for determining your comparison group.

**B. Geographic Criteria (Check One)**

Include facilities:

- |  |   |
|--|---|
| <input type="checkbox"/> My WEF region | <input type="checkbox"/> My HSA region  |
| <input type="checkbox"/> Statewide     | <input type="checkbox"/> All upstate (excl. Westchester, Long Isl. and New York City) |



**C. Sponsorship Criteria (Check One)**

Include facilities:

- Proprietary only
- Voluntary only
- Governmental only
- Include all sponsorships



**D. Size of Facilities in Group (Check One)**

Include facilities:

- |  |  |
|--|--|
| <input type="checkbox"/> 0 to 299 beds                       | <input type="checkbox"/> 300 beds and over |
| <input type="checkbox"/> 0 to 100 beds                       | <input type="checkbox"/> 100 to 200 beds   |
| <input type="checkbox"/> 200 to 300 beds                     | <input type="checkbox"/> All sizes         |
| <input type="checkbox"/> Other (specify) _____ to _____ beds |  |

**RETURN TO: NYSHFA, 33 Elk Street, Suite 300, Albany, NY 12207-1010  
FAX: (518)426-4051  
Attention: Information Services**

I, \_\_\_\_\_, hereby authorize NYSHFA to charge my credit card account in the amount of \$\_\_\_\_\_ for the Facility-Group Cost Comparison Report(s).

**Credit Card Payment Information:**

VISA       MasterCard       American Express       Discover

Name: \_\_\_\_\_  
(Print name as it appears on the credit card.)

Address: \_\_\_\_\_  
(credit card billing address)

City / ST / ZIP: \_\_\_\_\_

Amount: \_\_\_\_\_ **(Including Sales Tax if applicable)**

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_