

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)

Non MEMBER PRICE: \$500 (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: _____