

MAINE HEALTH DATA ORGANIZATION
DATA REQUEST FORM
DATA REQUEST NUMBER 815134

DATE OF REQUEST: May 13, 2013

REQUESTING PARTY: Eric Floyd, University of Chicago, Booth School of Business, 300 N State Street Unit 5616, Chicago, IL 60654

NAME OF ANY ENTITY WITH CONTROLLING INTEREST OVER DATA REQUESTER (If Applicable): N/A

SPECIFIC DATA REQUESTED: fourth quarter 2012 unrestricted medical claims data

MEDIA ON WHICH THE DATA ARE TO BE DELIVERED: CD-Rom

PURPOSE OF REQUEST: The data will be used to identify characteristics that affect the amounts paid to providers. Specifically, whether or not the information environment, or “price transparency environment”, affects the variance of charges that the patients ultimately pay.

WILL ANY OF THE DATA BE DISPLAYED ON THE INTERNET? No

WILL AN INTERNAL REVIEW BOARD BE UTILIZED? Yes No

YOUR ORGANIZATION IS: Non-Profit/Educational

COST (Includes \$25.00 Non-refundable Processing Fee): \$1,025.00 Fee Waiver Requested

Note: Payment is the responsibility of the requesting party and is due within 30 days. Please provide the appropriate billing information, if different from the requesting party.

AUTHORIZATION TO PROCEED WITH THIS DATA REQUEST: Please check the appropriate category and sign in the space provided:

- The summary of my request is accurate and no corrections/additions are required.
- I have made some corrections/additions as noted or attached to this document.
- I am withdrawing my request.

Eric Floyd