

Exhibit A

MAINE HEALTH DATA ORGANIZATION  
DATA REQUEST FORM

DATA REQUEST NUMBER 802135

**DATE OF REQUEST:** January 15, 2013 - revised March 13, 2013

**REQUESTING PARTY:** Jianjing Lin, University of Arizona, Economics Department,  
McClelland Hall, Room 401, 1130 E. Helen Street, Tucson, AZ 85721-0108

**CUSTODIAN OF THE DATA:** Jianjing Lin

**NAME OF ANY ENTITY WITH CONTROLLING INTEREST OVER DATA REQUESTER  
(If Applicable):** n/a

**ULTIMATE RECIPIENT OR USER OF THE DATA:** Jianjing Lin

**SPECIFIC DATA REQUESTED:** 2003- 3<sup>rd</sup> quarter 2012 restricted Medical and Eligibility Claims data

**MEDIA ON WHICH THE DATA ARE TO BE DELIVERED:** CD

**PURPOSE OF REQUEST:** The data will be used in a project to study the effect of price transparency  
on health care expenditure.

**TERM DURING WHICH THE RESEARCH WILL BE CONDUCTED OR THE DATA WILL  
BE UTILIZED:** 18 months from receipt of data

**WILL ANY OF THE DATA BE DISPLAYED ON THE INTERNET?** Yes

**WILL AN INTERNAL REVIEW BOARD BE UTILIZED?** Yes

**ESTABLISHED CONFIDENTIALITY PROCEDURES:**

Do you or does your organization have established confidentiality procedures in effect? No  
If yes, please attach a copy of your confidentiality policy to this form.

**YOUR ORGANIZATION IS:** Non-profit

**COST (Includes a \$25.00 Non-refundable Processing Fee):** 2003 - 2011 Eligibility and Medical data  
\$58,500; 3 quarters 2012 Eligibility and Medical data \$5,610; Total: \$64,135 (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.

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**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.

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Jianjing Lin