

Please complete all areas shaded in blue.



1. Individual requesting public use data set(s)		
NAME		
E-MAIL ADDRESS	PHONE NUMBER	
ORGANIZATION NAME		
ADDRESS (where data sets will be mailed)		
CITY	STATE	ZIP

2. Specify the years for each data set requested. The price for each data set (inpatient or outpatient), for each year, is \$500 for verified non-profits; \$1,500 for all others.							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">Inpatient</th> </tr> <tr> <td style="padding: 5px;">Available years: 2000 - 2024</td> </tr> <tr> <td style="background-color: #e6f2ff; height: 150px;"></td> </tr> </table>	Inpatient	Available years: 2000 - 2024		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">Outpatient</th> </tr> <tr> <td style="padding: 5px;">Available years: 2000 - 2024</td> </tr> <tr> <td style="background-color: #e6f2ff; height: 150px;"></td> </tr> </table>	Outpatient	Available years: 2000 - 2024	
Inpatient							
Available years: 2000 - 2024							
Outpatient							
Available years: 2000 - 2024							
Total data sets requested		X \$					
	=						

<p>3. Please mail this completed form, a completed Agreement for Use of Kentucky Health Claims Data and your remittance made payable to Kentucky State Treasurer to:</p> <p>Kentucky Cabinet for Health and Family Services Michael Lawson Office of Data Analytics 275 East Main Street 4W-E Frankfort, KY 40621</p>
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In addition to mailing this form, payment and the Agreement for Use of the Kentucky Health Claims Data form, please email Michael Lawson at MichaelC.Lawson@ky.gov to let him know your request is in the mail.