

Please complete all areas shaded in blue.



1. Individual requesting public use data set(s)		
[Shaded]		
NAME		
[Shaded]		[Shaded]
E-MAIL ADDRESS		PHONE NUMBER
[Shaded]		
ORGANIZATION NAME		
[Shaded]		
ADDRESS (where data sets will be mailed)		
[Shaded]	[Shaded]	[Shaded]
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.		
Inpatient	Outpatient	
Available years: 2000 - 2023	Available years: 2000 - 2023	
[Shaded]	[Shaded]	
Total data sets requested	[Shaded]	X \$ = [Shaded]

3. Please mail this completed form, a completed Agreement for Use of Kentucky Health Claims Data and your remittance made payable to <b>Kentucky State Treasurer</b> to:
Kentucky Cabinet for Health and Family Services Michael Lawson Office of Data Analytics 275 East Main Street 4W-E Frankfort, KY 40621

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](mailto:MichaelC.Lawson@ky.gov) to let him know your request is in the mail.