

Attachment K: Set-Up Fee Questionnaire

Form Approved
OMB No. 0920-0234
Exp. date XX/XX/20XX

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1. Please confirm contact information below:

Payee:

Attn:

Job Title:

Address:

City/State/ZIP Code: / /

Telephone Number:

Extension:

E-mail:

2. Please provide the total number or estimate of visits WITH EHR for your HC:	
3. Total Set-Up Fee Issued:	\$

4. To gauge the costs sustained by installing the National Health Care Survey EHR module, we wanted to ask what costs your HC incurred during IG and transmission set-up and how your set-up fee was utilized:

Category	Utilized (check box)	Estimate amount of money
HC IT staff		\$
EHR vendor staff		\$
Installation and configuration		\$
Hardware		\$
Software		\$
Health Information Service Provider (HISP)		\$
Other: please specify below:		\$
	Total	\$

5. Did your center incur more than \$10,000 worth of costs?

- Yes
 - a. If so, how much did it cost for your center to participate?
 - _____
 - b. If so, what was the biggest cost?
 - _____
- No