

SullivanCotter Use Only	
Order Received Date:	
Quantity:	
Invoice Details:	
Client User ID:	
Org ID:	

**2018 Manager and Executive Compensation in Hospitals and Health Systems Survey Report
Custom Report Order Form**

Email the completed form to surveys@sullivancotter.com. The Center for Information, Analytics and Insights will contact you to discuss your order. Allow five to 10 business days after the request is finalized⁽¹⁾ for custom report delivery. The price⁽²⁾ of a custom report for participants is **\$500**; non-health care organizations⁽³⁾ must submit an order form to receive a price quote. A processing fee will be added if paying by credit card. Each custom report includes data for all jobs published in the survey report. A minimum of 10 organizations is required to generate a custom report. **Note: Custom reports based on the criteria below will not include your organization's data.** For multiple custom reports, a separate form is required for each and each one will need to have at least three organizations that are different from the other custom reports being ordered.

Custom Report Criteria ⁽⁴⁾					
Organization Classification	Organization Ownership	Tax Classification	Teaching Program	Geographic Region	Other
<input type="checkbox"/> Select Participants Only – [Note: Do Not Select Any Other Criteria If Checked Other Than Include 90th Percentile Below; Include the List of Select Participants in Excel Format With the Submitted Form.]					
<input type="checkbox"/> Include 90th Percentile					
<input type="checkbox"/> Multiple Hospital System <input type="checkbox"/> Single Hospital System <input type="checkbox"/> Acute Care Hospital <input type="checkbox"/> Other	<input type="checkbox"/> Owned <input type="checkbox"/> Independent or Affiliated	<input type="checkbox"/> Not for Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Governmental	<input type="checkbox"/> Major Teaching Program <input type="checkbox"/> Minor Teaching Program <input type="checkbox"/> No Academic Affiliation	<input type="checkbox"/> North Central <input type="checkbox"/> Great Lakes Subregion <input type="checkbox"/> Northeast <input type="checkbox"/> South Central <input type="checkbox"/> Southeast <input type="checkbox"/> West	<input type="checkbox"/> Net Revenue (Provide Below) <input type="checkbox"/> Include 90th Percentile

Net Revenue Range: _____

Additional Criteria: _____

Contact Information	
Name:	Title:
Organization:	Address:
City:	State:
Zip Code:	Phone:
Email:	

⁽¹⁾For non-health care organizations, the five-to-10-day processing period is initiated once payment has been received.

⁽²⁾The price listed is per custom report ordered.

⁽³⁾Only non-health care organizations that purchased and paid for the full survey report are eligible to purchase custom reports.

⁽⁴⁾Based on the criteria chosen, there may not be enough data to publish your custom report; the Center for Information, Analytics and Insights will contact you to review options for sufficiently expanding the data set to publish the results.