

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

**2020 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<sup>(1)</sup> for custom report delivery. The price<sup>(2)</sup> of a custom report for participants is **\$525**; non-health care organizations<sup>(3)</sup> 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. **Note: Only participants that submitted executive data are eligible to purchase.**

Custom Report Criteria <sup>(4)</sup>					
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:	

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

<sup>(2)</sup>The price listed is per custom report ordered.

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

<sup>(4)</sup>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.