

## ECA ATTACHMENT A HOSPITAL FEE SCHEDULE

This Attachment is attached to and becomes a part of the Electronic Commerce Agreement (referred to herein as "Agreement" or "ECA") between "Member," identified below, and the UTAH HEALTH INFORMATION NETWORK, INC. ("UHIN"). This attachment shall remain in effect until modified as provided in the ECA.

**MEMBER RESOURCES:** There is no charge for UHIN-provided desktop software. Member will, at its own expense, provide Internet connection, browser, and other resources called for in the Agreement.

**FEES:** Member agrees to pay the fees indicated below for A. Core Services and/or B. Non-Core Services.

### A. FEES FOR CORE SERVICES

Core Services include network availability, policy updates and advisories, electronic data interchange standards-setting and member education. The fee is payable by each UHIN Member regardless of the extent to which the member actually utilizes Core Services, and is calculated as follows (**check one that applies**):

- |  |  |
|--|--|
| <input type="checkbox"/> Member is a <b>LICENSED HOSPITAL</b> and is classified by UHIN as (check one):<br>Small Hospital (\$540 + \$45 additional fee)<br>Medium Hospital (\$2,400 + \$200 additional fee)<br>Large Hospital (\$6,000 + \$500 additional fee) | Total annual fee is \$ _____<br>Total annual fee is \$ _____<br>Total annual fee is \$ _____ |
|--|--|

**Additional fee is for hospitals that are not members of either the Utah Hospital & Health Systems Association or the Rural Hospital Association.**


- |   |                              |
|---|------------------------------|
| <input type="checkbox"/> Member is an <b>INTEGRATED HEALTH CARE SYSTEM</b><br>(Annual Fee is \$24,000 + Non-Member Fee) | Total annual fee is \$ _____ |
|---|------------------------------|

### B. FEES FOR NON-CORE SERVICES


#### 1. UHIN National Payer Fees:

20% of the annual membership fee	National Payer Annual Fee is \$ _____
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#### 2. UHINSpeedi Fees:

- |   |   |
|---|---|
| <input type="checkbox"/> Member is a <b>LICENSED HOSPITAL</b> and is classified by UHIN as (check one):<br>Small Hospital \$450<br>Medium Hospital \$2,000<br>Large Hospital \$5,000<br>*UHINSpeedi is free in 2008 |  Total Annual fee is \$0.00*<br>Total Annual fee is \$0.00*<br>Total Annual fee is \$0.00* |
|---|---|

#### 3. UHINTracker Fees:

- |  |  |
|--|--|
| <input type="checkbox"/> Member is a <b>LICENSED HOSPITAL</b> and is classified by UHIN as (check one):<br>Small Hospital (\$450)<br>Medium Hospital (\$2,000)<br>Large Hospital (\$5,000) |  Total Annual fee is \$ _____<br>Total Annual fee is \$ _____<br>Total Annual fee is \$ _____ |
|--|--|

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> Member is an <b>INTEGRATED HEALTH CARE SYSTEM</b><br>(Annual Fee is \$20,000) | Total annual fee is \$ _____ |
|--|------------------------------|

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HOSPITAL FEE SCHEDULE**



**4. Claredi Fees:**

Member is a **LICENSED HOSPITAL**  
(Annual Fee is \$1,400 per Certifying Endpoint)

Total annual fee is \$\_\_\_\_\_

The parties hereto certify that they are fully authorized to sign Attachment A and to amend the Agreement, and legally bind their organization to its terms, and have executed this Attachment A on the date written below.

**Member**

Name (Print Here): \_\_\_\_\_

\_\_\_\_\_  
Sign Here (Stamped Signature Is Not Acceptable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip:

\_\_\_\_\_  
Member's Tax ID Number:

\_\_\_\_\_  
Member's E-Mail Address:

Date \_\_\_\_\_

**UHIN**

Utah Health Information Network, Inc.  
Washington Building, Suite 320,  
Independence Square, 151 East 5600 South  
Murray, UT 84107-8152  
Phone: (801) 466-7705; Fax: (801) 466-7169

By: \_\_\_\_\_  
Title: Executive Director

Date: \_\_\_\_\_

UHIN's Tax ID Number: 87-0520249  
E-Mail Address: customerservice@uhin.com