



DENNISTON DATA

The Healthcare Transparency Company

Healthcare Pricing Guide™

Annual Subscription

Order Form/Invoice 2023

Organization Size

(Check appropriate category below)

Organization Price

(Please fill in correct price below))

___ Number of Employees _____ (1 to 2,000: Minimum \$1,000) \$ _____

___ Number of Employees: _____ (2,001 - 100,000 @ \$0.50 each) \$ _____

___ Number of Employees: _____ (over 100,000: Maximum \$50,000) \$ _____

___ Add a subscription to Provider Ranking System™ for \$800 (20% discount) \$ _____

Total Price \$ _____

Contact Name/Title: _____

Email: _____ **Tel.:** _____

Company Name: _____

Address: _____

City/State/Zip: _____

Credit Card # _____

Exp. Date: _____ **Security Code:** _____

Bank Details for ACH/Wire Transfer: _____ **Date of order:** _____

Bank Name: Bank of America, N.A.

Account Holder: Denniston Data Inc.

Account Address: 800 N. Shoreline Blvd., Suite 2700S, Corpus Christi, TX 78411

Routing Number: (ACH) 111000025 (Wires) 026009593

Account Number: 488094144662

Please complete and return form to: CustomerService@DennistonData.com