



**ALABAMA  
STATE HEALTH PLANNING AND DEVELOPMENT  
AGENCY  
PATIENT ORIGIN SURVEY REPORTS**



Report	Description	E-mail Cost	Mailed Cost		
1A	Discharges for specifically requested hospital by county of patients' residence	\$15 per hospital	\$25 per hospital		
1C	Discharges for specifically requested county of residence, by county in which the discharge occurred by total discharges	\$8 per County	\$15 per County		
1D	Discharges for specifically requested county of residence, by county in which the discharge occurred by total patient days	\$8 per County	\$15 per County		
1E	Discharges by for the years specified	\$8	\$15		
2A	Discharges for specifically requested county of residence, by hospital which provided the services	\$10 per County	\$20 per County		
	Discharges for specifically requested county of residence, by hospital which provided the services <b>Alabama Only (approx. 114 pg.)</b>	\$55	\$65		
	Discharges for specifically requested county of residence, by hospital, which provided the services <b>Out of State Only (approx. 379 pg.)</b>	\$180	\$200		
	Discharges for specifically requested county of residence, by hospital, which provided the services, <b>Complete (approx. 493 pg.)</b>	\$230	\$250		
2A – Clinical	Discharges for specifically requested clinical service and specifically requested county	\$35 Per County plus \$5 per service	\$50 Per County plus \$5 per service		
	<p><b>Clinical Services Available:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">           01 Medicine            03 Pediatrics            05 Obstetrics            07 Psychiatric/Substance Abuse            09 Other         </td> <td style="width: 50%; border: none;">           02 Surgery            04 Gynecology            06 Orthopedics            08 Rehabilitation         </td> </tr> </table>	01 Medicine 03 Pediatrics 05 Obstetrics 07 Psychiatric/Substance Abuse 09 Other	02 Surgery 04 Gynecology 06 Orthopedics 08 Rehabilitation		
01 Medicine 03 Pediatrics 05 Obstetrics 07 Psychiatric/Substance Abuse 09 Other	02 Surgery 04 Gynecology 06 Orthopedics 08 Rehabilitation				
	Discharges for specifically requested clinical service and specifically requested county <b>Alabama Only (approx. 457 pg.)</b>	\$215	\$240		
	Discharges for specifically requested clinical service and specifically requested county <b>Out of State Only (approx. 587 pg.)</b>	\$285	\$315		
	Discharges for specifically requested clinical service and specifically requested county <b>Complete (approx. 1,044 pg.)</b>	\$495	\$550		

Customized reports are available upon request. Contact us for instructions and prices.

[Bradford.Williams@shpda.alabama.gov](mailto:Bradford.Williams@shpda.alabama.gov)



**ALABAMA  
STATE HEALTH PLANNING AND DEVELOPMENT  
AGENCY  
PATIENT ORIGIN SURVEY REPORTS**



Report	Description	E-mail Cost	Mailed Cost		
<b>2C – Zip Code Analysis</b>	Discharges for specifically requested zip codes, groups of zip codes, or zip codes within a requested county	\$95 per county or \$35 per zip code with maximum \$1,000 and \$95 minimum	\$115 per county or \$40 per zip code with maximum \$1,000 and \$110 minimum		
<b>2E</b>	Discharges by clinical service of Alabama residents during April and average length of stay of discharged Alabama residents during April for the years specified	\$8	\$15		
<b>3E</b>	Discharges by county of residence and by clinical service	\$8	\$15		
<b>4A</b>	State summary of discharges by county of residence by total discharges	\$35	\$45		
<b>4A – Clinical</b>	State summary of discharges by county of residence by total discharges	\$35 plus \$5 per Service	\$50 plus \$5 per service		
	<p><b>Clinical Services Available:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">           01 Medicine            03 Pediatrics            05 Obstetrics            07 Psychiatric/Substance Abuse            09 Other         </td> <td style="width: 50%; border: none;">           02 Surgery            04 Gynecology            06 Orthopedics            08 Rehabilitation         </td> </tr> </table>	01 Medicine 03 Pediatrics 05 Obstetrics 07 Psychiatric/Substance Abuse 09 Other	02 Surgery 04 Gynecology 06 Orthopedics 08 Rehabilitation		
01 Medicine 03 Pediatrics 05 Obstetrics 07 Psychiatric/Substance Abuse 09 Other	02 Surgery 04 Gynecology 06 Orthopedics 08 Rehabilitation				
<b>4B</b>	Summary by state and county of residence by total patient days	\$35	\$45		
<b>4B – Clinical</b>	Summary by state and county of residence by total patient days	\$35 plus \$5 per Service	\$50 plus \$5 per service		

Customized reports are available upon request. Contact us for instructions and prices.

[Bradford.Williams@shpda.alabama.gov](mailto:Bradford.Williams@shpda.alabama.gov)



**ALABAMA  
STATE HEALTH PLANNING AND DEVELOPMENT  
AGENCY  
PATIENT ORIGIN SURVEY REPORTS**



Report	Description	E-mail Cost	Mailed Cost		
<b>4E</b>	Discharge comparisons by county of residence and by county of discharge	\$8	\$15		
<b>5A</b>	State summary of discharges by county of discharge	\$35	\$45		
<b>5A – Clinical</b>	State summary of discharges by county of discharge by clinical service	\$35 plus \$5 per service	\$50 plus \$5 per service		
	<p><b>Clinical Services Available:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">           01 Medicine            03 Pediatrics            05 Obstetrics            07 Psychiatric/Substance Abuse            09 Other         </td> <td style="width: 50%; border: none;">           02 Surgery            04 Gynecology            06 Orthopedics            08 Rehabilitation         </td> </tr> </table>	01 Medicine 03 Pediatrics 05 Obstetrics 07 Psychiatric/Substance Abuse 09 Other	02 Surgery 04 Gynecology 06 Orthopedics 08 Rehabilitation		
01 Medicine 03 Pediatrics 05 Obstetrics 07 Psychiatric/Substance Abuse 09 Other	02 Surgery 04 Gynecology 06 Orthopedics 08 Rehabilitation				
<b>5B</b>	State summary of discharges by county of discharge by total patient days	\$35	\$50		
<b>5E</b>	Discharges by county of hospitals for out-of-state patients during April for the years specified	\$8	\$15		
<b>6A</b>	Discharges of residents from states other than Alabama	\$45	\$55		
<b>7A</b>	Discharges for specifically requested county of discharge, by nine clinical service codes, by county of patients' residence by total discharges	\$35 per County	\$50 per County		
<b>7B</b>	Discharges for specifically requested county of discharge, by nine clinical service codes, by county of patients' residence by patient days	\$35 per County	\$50 per County		
<b>8A</b>	Discharges by type of service (Demand and Supply)	\$35	\$45		
<b>16A</b>	Hospital Discharges by Age, Sex, and Race during April for the years specified	\$8	\$15		
	Complete Set of Reports	\$1560 CD- Rom	Not Available		
	Complete Data Base on CD in Access Format (Must complete data use agreement and submit by fax or mail prior to release of data.)		\$1,750		

Customized reports are available upon request. Contact us for instructions and prices.

[Bradford.Williams@shpda.alabama.gov](mailto:Bradford.Williams@shpda.alabama.gov)