



Flash Code Solutions (FCS) DATA FILE(S) PROFILE FORM

In order to provide an accurate quotation for our data file products, please complete this form and check the boxes for the data file(s) you would like to purchase. Following receipt of the form, a data file clerk will contact you for a product review and quotation. Thank you.

Company Name _____ Contact Name _____
Street Address _____
City _____ State _____ Zip _____
Contact Title _____ Phone _____
Email _____

Please enter an 'x' next to the health care setting that best describes your company's business:

X	Provider	X	Payer	X	Medical Business
	Physician Office		HMO		Consulting Firm
	Hospital/Health System/University		TPA		Billing Service
	Home Health/Hospice/Nursing		PPO		EDI Service
	Pharmacy		Workers' Compensation		Software Vendor
	Other		Self-Insured Payer		Reseller

What is the name of the system or database into which you will load the FCS data file(s)?

What are the primary uses for the system or database that will contain the FCS data file(s)?

Which department(s) or function(s) at your company will have access to the system or database that the FCS data file(s) are being loaded into?

FCS Data File End User Definition

An End User is defined as anyone who:

- i) accesses, uses, or manipulates FCS data file content; or
- ii) accesses, uses, or manipulates FCS data file content to produce or enable an output (data, reports, etc) that could not have been created without the PMC data file content even though FCS data file content may not be visible or directly accessible; or
- iii) makes use of an output that relies on or could not have been created without the FCS data file content even though FCS data file content may not be visible or directly accessible.

Please enter an 'x' next to the data file(s) and you are interested in and enter the desired edition (ie, 2017) and the approximate number of users*, based on the definition above for each data file.

X	Data File Description	Year(s) (i.e., 2017)	#Users
	CPT w/RBRVS National Average Price		
	RBRVS/DME/LAB Fee bundle file		
	ICD-10-CM		
	HCPCS		

I certify that the information given in the responses above and below is true and that I am authorized by the above-mentioned organization to provide this information.

Signature _____ Title _____ Date _____

Please complete, print and sign the form and send it via email to data.files@flashcode.com or fax to 209-669-0282.