

Ambulatory Surgery Market Share Reports

Using the latest AHCA data available, hospitals can use these data to analyze market share for a defined service area by payer or service line and examine trends in patient volumes in your market and other markets in Florida. Analyses include both hospitals and freestanding ambulatory surgery centers.

Trend Report: Shows four-year trend for discharges and market share by service area.

Ambulatory Surgery or Cardiac Catheterization Market Share by Payer: Shows hospital market share by payer by service area.

Ambulatory Surgery Market Share by Service Line: Shows hospital market share for 12 service lines by service area.

Patient Origin: Shows where, by ZIP Code, patients are coming from.

FHA can also produce customized data reports which allow you to look deeper into the data. For more information, contact Debbie Hegarty, Surveys/Special Projects Manager at debbieh@fha.org or (407) 841-6230.

REPORTS and SERVICE AREAS:

Report(s): Market Share Trend Ambulatory Surgery Payer Mix Cardiac Cath Payer Mix
 Ambulatory Surgery Service Line Ambulatory Surgery Patient Origin

Service Area(s): Each service area counts as a report. Service areas can consist of a county, an MSA, or group of ZIP Codes

First Service Area: _____

Second Service Area: _____

COST:

My Pricing Status: _____ \$ _____

	One Report	Two Reports	Three Reports	Subscription* One Report
FHA Member Hospital	\$150	\$200	\$240	\$275
FHA Professional or Corporate Member	\$250	\$300	\$340	\$375
Non-Member	\$450	\$500	\$540	\$575

*Allows you to receive data on a quarterly basis for one year.

Sales Tax _____% Please indicate percentage and amount of tax applicable to your Florida county. \$ _____

Total Due (Reports will be e-mailed.) \$ _____

PAYMENT METHOD:

Check enclosed made payable to:

Florida Hospital Association
 307 Park Lake Circle
 Orlando, FL 32803-3923

OR Bill my: Visa MasterCard

 Visa/MasterCard Number & 3 Digit Security Number on Back of Card

 Expiration Date (MM/YY)

 Telephone # w/Area Code

 Cardholder's Name as it Appears on Card (Please Print)

 Credit Card Billing Address City/State/Zip

SEND TO: (Please Print)

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: (REQUIRED) _____



Please contact FHA Data Services at (407) 841-6230 if you have any questions

For faster service, fax your credit card order to (407) 422-5948