

SullivanCotter Use Only
Order Received Date:
Quantity:
Invoice Details:
Client User ID:
Org ID:



**2017 Manager and Executive Compensation in Hospitals and Health Systems Survey Report
Custom Report Order Form**

Email the completed form to surveys360@sullivancotter.com. SullivanCotter will contact you to discuss your order. Allow five to 10 business days after the request is finalized⁽¹⁾ for custom report delivery.

The price⁽²⁾ of a custom report for participants is **\$750**; the price for non-health care organizations⁽³⁾ is **\$3,500**. A processing fee will be added if paying by credit card.

Each custom report includes data for all jobs published in the survey report. A minimum of 10 organizations is required to generate a custom report. **Note: Custom reports based on the criteria below will not include your organization's data.** If requesting multiple custom reports, a separate form is required for each and each one will need to have at least three organizations that are different from the other custom reports being ordered.

Custom Report Criteria ⁽⁴⁾					
Organization Classification	Organization Ownership	Tax Classification	Teaching Program	Geographic Region	Other
<input type="checkbox"/> Multiple Hospital System	<input type="checkbox"/> Owned	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Major Teaching Program	<input type="checkbox"/> North Central	<input type="checkbox"/> Net Revenue (Provide Range Below) <input type="checkbox"/> Select Participants ⁽⁵⁾
<input type="checkbox"/> Single Hospital System	<input type="checkbox"/> Independent or Affiliated	<input type="checkbox"/> For Profit	<input type="checkbox"/> Minor Teaching Program	<input type="checkbox"/> Northeast	
<input type="checkbox"/> Acute Care Hospital		<input type="checkbox"/> Public	<input type="checkbox"/> No Academic Affiliation	<input type="checkbox"/> South Central	
<input type="checkbox"/> Other				<input type="checkbox"/> Southeast	
				<input type="checkbox"/> West	

Net Revenue Range: _____

Additional Criteria: _____

Contact Information	
Name:	Title:
Organization:	Address:
City:	State:
Zip Code:	Phone:
Email:	

⁽¹⁾For non-health care organizations, the five-to-10-day processing period is initiated once payment has been received.

⁽²⁾The price listed is per custom report ordered.

⁽³⁾Only non-health care organizations that purchased and paid for the full survey report are eligible to purchase custom reports.

⁽⁴⁾Based on the criteria chosen, there may not be enough data to publish your custom report; SullivanCotter will contact you to review options for sufficiently expanding the data set to publish the results.

⁽⁵⁾Include the list of select participants in Excel format with the submitted form.