Identify your organization’s HUG contact below. This individual will receive the HUG Package items.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note:*** *All HUG packages (regardless of the format) include an electronic copy of Volume 2.*

If the individual who will receive the electronic publications is different from the HUG contact listed above, please include their contact information below:

**Name:** **Email:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Package Options** | | **Annual Fee** | **Total** |
| **Package 1 Electronic** | HEDIS MY 2020 & MY 2021 Volumes 1 and 2 (epub versions) HEDIS MY 2020 Volumes 3 and 5 (epub versions) HEDIS 2021 Volume 6 (epub version) | $2,840 |  |
| **Package 1** **Print** | HEDIS MY 2020 & MY 2021 Volumes 1 and 2 (print versions) HEDIS MY 2020 Volumes 3 and 5 (print versions) HEDIS 2021 Volume 6 (epub version) | $2,860 |  |
| **Package 2** **Electronic** | HEDIS MY 2020 & MY 2021 Volumes 1 and 2 (epub versions) HEDIS MY 2020 Volumes 3 and 5 (epub versions) HEDIS 2021 Volume 6 (epub version)2021 Standards and Guidelines for the Accreditation of Health Plans(epub version) | $3,120 |  |
| **Package 2 Print** | HEDIS MY 2020 & MY 2021 Volumes 1 and 2 (print versions) HEDIS MY 2020 Volumes 3 and 5 (print versions) HEDIS 2021 Volume 6 (epub version) 2021 Standards and Guidelines for the Accreditation of Health Plans(print version) | $3,150 |  |
| Subtotal: | | |  |
| Less 25% government discount (if applicable): | | |  |
| **Total:** | | |  |

|  |
| --- |
| **Credit Card Information**  Cardholder’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ American Express □ MasterCard □ Visa □ Diner’s Club Exp. Date (month/year) \_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ |

**Wire Payment Information\***

Sender’s ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Include the invoice number in the description field of the wire payment.

**Payment Information**

* **Online:** Visit <http://store.ncqa.org/index.php/catalog/category/view/s/hug-packages/id/54/>.
* **Mail/Fax:** If paying by check or credit card, mail this form and your payment to: NCQA, P.O. Box 424038, Washington, DC 20042-4038. For faster service, fax this form with your credit card information to NCQA Customer Support at 202-955-3531.
* **Wire:** If paying by wire payment, fax this form to NCQA Customer Support at 202-955-3531 and include the invoice number on your wire payment in the description field. Include the Sender’s ID on this form.
* **Telephone:** To make a payment over the phone, contact Customer Support at 888-275-7585.