

Wisconsin Health Information Exchange Member Dues and Membership Form

Dues are paid annually and are based on organization type and size. Use the form on page 2.

Hospitals (includes hospital employed physicians, on-site pharmacies, labs and imagine centers)	\$500 (net revenues less than \$10 million) \$1,000 (net revenues greater than \$10 million)
Physician or nurse practices (ambulatory clinics, surgery centers, chiropractic)	\$100 (less than 5 practitioners) \$200 (5-19 practitioners) \$500 (more than 20 practitioners)
Pharmacies	\$50 (less than 5 locations) \$100 (5-10 locations) \$200 (more than 10 locations)
Private Health Plans ERISA Employer Plans Government Health Plans	\$1,000
Skilled Nursing Facilities, Federally Qualified Health Centers, Other healthcare professionals Laboratories, Educational Institutions Data Users	\$100
Patient Advocate Organizations Professional Associations	\$50
Public Health Agencies	Complimentary

Corporate Sponsors

WHIE is grateful for the support of our Corporate Sponsors. Many are within the information technology or consulting industries. Sponsorship packages start at \$1,000. Contact Kim Pemble, Executive Director at 262-240-0198 to learn more.

Board of Advisors

WHIE's Board of Advisors is organized to ensure broad representation of health care organizations. Directors are elected as individuals and serve for three-year terms.

Board Representation

Hospitals	4 representatives
Physician and Nurse Practitioners	4 representatives
Skilled Nursing Facilities	1 representative
Other health care professionals	1 representative
Laboratories	1 representative
Imaging Centers	1 representative
Pharmacies	1 representative
Private Health Plans	1 representative
ERISA Health Plans	1 representative
Government Health Plans	1 representative
Public Health Agencies	1 representative
Data Users	1 representative
Patient Advocates	1 representative
Federally Qualified Health Center	1 representative
Community Interest Representative	1 representative
Sustainability Representative	1 representative
Educational Institution	1 representative
Corporate Sponsors	1 representative (non-voting)

Wisconsin Health Information Exchange Membership Form

If your organization will join in more than one member category use a separate form to identify a different representative/alternate pair for each member category circled above. *(Representatives, but not alternates, may run for the Board of Directors. Directors are elected as individuals and may not be replaced on the Board by their home organization. Vacated Director positions are replaced as outlined in the by-laws.)*

Include your business card to ensure spelling accuracy.

Member category: _____

Organization name: _____

Representative: _____

Title: _____

Alternate representative: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Cell: _____

E-mail: _____

Fax: _____

Return this application and payment to cover all membership fees **payable to the National Institute for Medical Informatics**, WHIE's parent organization.

**Wisconsin Health Information Exchange
1009 W. Glen Oaks Lane,
Suite 101 Mequon, WI 53092**

Questions? 262-240-0198

(NIMI is a tax-exempt, non-profit organization. Member fees will be maintained in a separate account, expended only as authorized by the Board or WHIE by-laws.)