Step 1: Complete this form and submit to DHH via U.S. Mail or Fax to:

U.S. Mail
DHH OPH Engineering Services
Attn: Data Request
P.O. Box 4489
Baton Rouge, LA 70821-4489

Fax
225-342-7303

Step 2: When we receive your request via fax or U.S. Mail, You will be contacted by phone or email within 3 business days to:

- Review and Confirm the Requested Data
- Provide Cost Estimate based on DOA Uniform Fee Schedule 4700-83
- Your preferred method of data transfer (hard copy mail, email attachment, CD Rom)

Date of Request: _____________ Requestor Name: __________________________________________
Daytime Telephone: ____________ Organization/Company Name _______________________________
Mailing Address: _______________________________________________________________________
City: ______________________________________ State: ______ Zip: ______________________
Email Address: _____________________________________ Fax Number: _______________________

Please list in detail the information you are requesting. Be specific and attach additional pages as needed.

Date Request Received: _______________ Contacted by Phone or Email    Estimate Date: ___________
Cost Estimate: ______________________ Cost Estimate Basis: __________________________________
Data Sent as:  Email Attach  CDRom  HardCopies  Date Data Sent: ____________

Fees and Payment Information

8 ½ x 11 Paper Copies 25¢ page
Printable Computer Reports 25¢ page
Electronic Spreadsheet File 05¢ page
Data Programming Fee $30/hour (when applicable)
CD Rom (when needed) $5.00

Send payment based on estimated cost (check or money order made out to Dept of Health and Hospitals). Payments may be mailed or delivered in person. Data will be provided once payment is received by DHH.