



Office of Health Services and Quality Analytics
Statewide Planning and Research Cooperative System (SPARCS) Invoice

APPLICANT INFO	Organization: ACME Corporation	Invoice Number: 12345678-1
	Data Request Number: 12345678 (I)	Invoice Date: 01/01/2025
RANGE	First Year - Last Year	2020 - 2025
		6 Years

			\$/Year	Subtotal
CLAIMS	Inpatient Master	<input checked="" type="checkbox"/> Inpatient	\$700	\$ 4,200.00
	Outpatient Master	<input checked="" type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Emergency Department <input checked="" type="checkbox"/> Ambulatory Surgery	\$1,000 \$300 \$200	\$ 6,000.00 \$ 1,800.00 \$ 1,200.00
IDENTIFIABLE DATA ELEMENTS	Dates	<input type="checkbox"/> Unencrypted	\$400	\$ -
	Date of Birth	<input type="radio"/> Unencrypted <input type="radio"/> Encrypted	\$50	\$ -
	Address	<input checked="" type="checkbox"/> Unencrypted	\$150	\$ 900.00
	Numbers	<input type="radio"/> Unencrypted <input type="radio"/> Encrypted	\$150	\$ -
	Policy Numbers	<input checked="" type="radio"/> Unencrypted <input type="radio"/> Encrypted	\$200	\$ 1,200.00
	Unique Personal Identifier	<input type="radio"/> Unencrypted <input checked="" type="radio"/> Enhanced Encrypted <input type="radio"/> Encrypted	\$100 \$0	\$ - \$ -
ADDITIONAL CHARGES	SPARCS Linkage	<input checked="" type="checkbox"/> Vital Statistics <input type="checkbox"/> Personal Cohort	\$0 \$0	\$ - \$ -
	SUBTOTAL			\$ 15,300.00
DISCOUNTS	Exempt Facility	<input type="checkbox"/> Exempt Facility	No Charge	\$ -
	Non-Profit Organization	<input type="checkbox"/> Non-Profit	50%	\$ -
	Student Researcher	<input type="checkbox"/> Student	50%	\$ -
	Non-Profit Organization & Student Researcher	<input checked="" type="checkbox"/> Non-Profit, Student	75%	\$ 11,475.00
	Miscellaneous:	Enter Amount	\$	\$ -
TOTAL				\$ 3,825.00

To pay electronically via ACH, please:

- Email dohrevenue@health.ny.gov and cc sparcs.requests@health.ny.gov that you will be sending a payment for SPARCS BHI, your invoice number, and payment amount. **IF YOU DO NOT NOTIFY US OF PAYMENT IT CAN DELAY THE DATA RELEASE PROCESS.**
- Please use the following information:
KeyBank
ABA/Routing #: 021052053
Acct #: 73208817

Example 1: This requester was approved for six (6) years of inpatient data and outpatient services data. Additionally, they were approved for the identifiable elements of addresses and unencrypted policy numbers. Because they are a non-profit organization and a student researcher, they received a 75% discount on their final invoiced amount.



Office of Health Services and Quality Analytics Statewide Planning and Research Cooperative System (SPARCS) Invoice			
APPLICANT INFO	Organization: ABCD Organization	Invoice Number: 12345678-1	
	Data Request Number: 12345678 (L)	Invoice Date: 01-01-2025	
RANGE	First Year - Last Year	2016 - 2025	10 Years

		\$/Year	Subtotal
CLAIMS	Inpatient Master	<input checked="" type="checkbox"/> Inpatient	\$700 \$ 7,000.00
	Outpatient Master	<input type="checkbox"/> Outpatient	\$1,000 \$ -
		<input checked="" type="checkbox"/> Emergency Department	\$300 \$ 3,000.00
	<input type="checkbox"/> Ambulatory Surgery	\$200 \$ -	
IDENTIFIABLE DATA ELEMENTS	Dates	<input type="checkbox"/> Unencrypted	\$400 \$ -
	Date of Birth	<input type="radio"/> Unencrypted <input type="radio"/> Encrypted	\$50 \$ -
	Address	<input type="checkbox"/> Unencrypted	\$150 \$ -
	Numbers	<input type="radio"/> Unencrypted <input type="radio"/> Encrypted	\$150 \$ -
	Policy Numbers	<input type="radio"/> Unencrypted <input type="radio"/> Encrypted	\$200 \$ -
	Unique Personal Identifier	<input type="radio"/> Unencrypted <input checked="" type="radio"/> Enhanced Encrypted <input type="radio"/> Encrypted	\$100 \$ -
ADDITIONAL CHARGES	SPARCS Linkage	<input type="checkbox"/> Vital Statistics	\$0 \$ -
		<input type="checkbox"/> Personal Cohort	\$0 \$ -
SUBTOTAL			\$ 10,000.00
DISCOUNTS	Exempt Facility	<input type="checkbox"/> Exempt Facility	No Charge \$ -
	Non-Profit Organization	<input checked="" type="checkbox"/> Non-Profit	50% \$ 5,000.00
	Student Researcher	<input type="checkbox"/> Student	50% \$ -
	Non-Profit Organization & Student Researcher	<input type="checkbox"/> Non-Profit, Student	75% \$ -
	Miscellaneous: _____	Enter Amount	\$ - \$ -
TOTAL			\$ 5,000.00

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2. Please use the following information:

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Example 2: This requester was approved for a limited application, which included ten (10) years of inpatient data and emergency department data only. As a non-profit organization, they received a 50% discount on their final invoiced amount.



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RANGE	First Year - Last Year	2016 - 2025	10 Years

			\$/Year	Subtotal
CLAIMS	Inpatient Master	<input checked="" type="checkbox"/> Inpatient	\$700	\$ 7,000.00
	Outpatient Master	<input type="checkbox"/> Outpatient	\$1,000	\$ -
		<input type="checkbox"/> Emergency Department	\$300	\$ -
<input type="checkbox"/> Ambulatory Surgery		\$200	\$ -	
IDENTIFIABLE DATA ELEMENTS	Dates	<input checked="" type="checkbox"/> Unencrypted	\$400	\$ 4,000.00
	Date of Birth	<input type="radio"/> Unencrypted <input type="radio"/> Encrypted	\$50	\$ -
	Address	<input checked="" type="checkbox"/> Unencrypted	\$150	\$ 1,500.00
	Numbers	<input type="radio"/> Unencrypted <input type="radio"/> Encrypted	\$150	\$ -
	Policy Numbers	<input type="radio"/> Unencrypted <input type="radio"/> Encrypted	\$200	\$ -
	Unique Personal Identifier	<input checked="" type="radio"/> Unencrypted <input type="radio"/> Enhanced Encrypted <input type="radio"/> Encrypted	\$100	\$ 1,000.00
ADDITIONAL CHARGES	SPARCS Linkage	<input type="checkbox"/> Vital Statistics	\$0	\$ -
		<input type="checkbox"/> Personal Cohort	\$0	\$ -
SUBTOTAL				\$ 13,500.00
DISCOUNTS	Exempt Facility	<input type="checkbox"/> Exempt Facility	No Charge	\$ -
	Non-Profit Organization	<input type="checkbox"/> Non-Profit	50%	\$ -
	Student Researcher	<input type="checkbox"/> Student	50%	\$ -
	Non-Profit Organization & Student Researcher	<input type="checkbox"/> Non-Profit, Student	75%	\$ -
	Miscellaneous: _____	Enter Amount	\$	-
TOTAL				\$ 13,500.00

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Example 3: This requester was approved for an identifiable application, which included ten (10) years of inpatient data and other identifiable elements (addresses, dates, and Unencrypted UPI). As a private organization, they received a 0% discount on their final invoiced amount.