

ACHA-PSAS

American College Health Association
Patient Satisfaction Assessment Service

SURVEY FEES

MAIL, FAX, OR E-MAIL

American College Health Association
 891 Elkridge Landing Road, Suite 100
 Linthicum, MD 21090
 (410) 859-1500, ext. 239
 Fax (410) 859-1510
 vleino@acha.org

PRICING FOR PARTICIPATION	ACHA Institutional Members	ACHA Non-Institutional Members
Participation Fee	\$50.00 ¹	\$75.00 ¹
Each Additional 15 Provider Names	\$25.00	\$45.00
Processing Fees	\$0.25 per submission	\$0.40 per submission
Report Package: 1) Link to survey results while in progress 2) Institutional Report 3) Power Point Presentation in chart format 4) Institutional Data Set in Excel and SPSS 5) Reference Group Report	\$300.00	\$500.00
User's Manual	No Charge	No Charge
Reference Guide	No Charge	No Charge
5 Custom (extra) questions ²	\$700.00	\$850.00
Special Report	\$150.00	\$250.00

¹ Includes customizing survey for each student health service plus 15 provider names

² For surveys that include more than five custom (extra) questions, the pricing will be the same but the results of the custom questions will NOT be included in the institutional report. The custom questions will be included in the PowerPoint presentation and the Excel and SPSS data files.

ORDER FORM (Cost for processing submitted surveys to be billed later)

Bill to

Name _____
 Title _____
 Institution _____
 ACHA Institutional Member ID # _____
 Address _____
 City/State/Zip _____
 Phone _____
 E-mail _____

Contact Person

Name _____
 Title _____
 Institution _____
 Address _____
 City/State/Zip _____
 Phone _____
 E-mail _____

ACHA INSTITUTIONAL MEMBER

		Total
Participation Fees	\$50.00	_____
Additional Providers (15)	\$25.00	_____
Report Package	\$300.00	_____
Additional Questions (if requested)	\$700.00	_____
TOTAL	\$	_____

ACHA NON-INSTITUTIONAL MEMBER

		Total
Participation Fees	\$75.00	_____
Additional Providers (15)	\$45.00	_____
Report Package	\$500.00	_____
Additional Questions (if requested)	\$850.00	_____
TOTAL	\$	_____

PAYMENT

___ Institutional Purchase Order# _____
 ___ Check or money order payable to ACHA
 ___ Charge my: Visa MasterCard American Express
 Card # _____
 Cardholder's Name _____

Exp. Date _____ Card Security Code (from back of card) _____
 Signature _____

