AMA Medical Research Analytics Quote Request Information Form

First Name:	
Last Name:	
Company:	
Address:	
City:	
State:	
Zip Code:	
Email Address	
Phone Number:	
Purpose of Research:	

Effective Date of Order:	Click or tap to enter a date.
Term (# of months):	12-months

Research Type: ☐ Academic ☐ Workforce ☐ Policy ☐ Other (will require approval of AMA)

Selection Criteria: ☐ Selection-Based (select criteria below)

☐ UPIN List Match ☐ NPI List Match (file to be supplied by client to use as a match file)

Total Number of Records on UPIN or NPI File: _____

Data Years Needed: ☐ Current file ☐ Year End Data   List Years Needed: _____

LIST CRITERIA

Selection: Identified Data _____   De-Identified Data _____   Crosstab Report_____
(2 data elements only)

Specialties:_____
_____
_____
_____
_____

Type of Practice: ☐ ALL ☐ Office-Based ☐ Hospital-Based ☐ Residents ☐ Research ☐ Administration ☐ All Others

Omit: ☐ Deceased ☐ Retired ☐ No longer in Practice ☐Semi-Retired ☐ Address Undeliverable

Age(s): ___ ☐ All

Sex: ☐ Male ☐ Female ☐ Unknown ☐ All

Grad Year(s):___ ☐ All

MMS, Inc.
mmslists.com●800.MED.LIST
Send to research@mmslists.com

Medical School(s):

_____
_____
_____
_____
_____

Residency Program(s):

_____
_____
_____
_____
_____

Geographic: ☐ All US states & territories ☐ Continental US Only

☐ Selected States_____

☐ Zip Codes_____

☐ SCF_____

File Format: ☐ Text-CSV   ☐ Text-tab-delimited   ☐ CSV   ☐ Text-Fixed Field

Order Type / File Layout:

☐ AMA Research De-Identified Data File Layout

☐ AMA Research Identified Data File Layout

☐ CrossTab Report

ADDITIONAL DATA AVAILABLE:

☐ Historical Residency (**additional charge**)

☐ ABMS (**additional charge**)

☐ Historical License (**additional charge**)

☐ NPI Number on output file (available on identifiable data output file only – **additional charge**)

MMS, Inc.
mmslists.com●800.MED.LIST
Send to research@mmslists.com