

MEDICAL SOCIETY OF DELAWARE 2023 GROUP MEMBERSHIP DISCOUNT PROGRAM AGREEMENT AND TERMS

The Medical Society of Delaware (MSD) offers the opportunity for a group discount for private practicing physicians. The basis of the group discount program is for administrative simplification with the generation of one invoice from MSD and one payment from the group, lessening the administrative burden for each.

Private Practicing Physicians Group Membership Discount Program

For those physicians within a defined group (such as a group practice), all physicians within that group must already be, or begin the process to join as, a member of MSD during the enrollment period. Only those physicians having a "Regular Active Membership" classification will be eligible to have the group discount applied to their dues rate, as all other membership classifications already enjoy a significant dues discount. The Group discount is not applied if you already have a discounted membership rate.

- Percentage of discount given is 10% and is applied to those who qualify within the group (i.e., those who are not already provided a discounted dues rate).
- Requires all physicians in the group (100%) to join MSD by the deadline or renew as members of MSD.

AGREEMENT TERMS AND CONDITIONS

In order to achieve a consolidation of invoicing and payment, the following terms and conditions of this agreement apply:

- The group representative will sign, date and return page 3 of this form to begin the enrollment process for the specified dues cycle.
- Prior to the designated enrollment deadline <u>Friday October 14, 2022</u>, the group's designated representative, as
 indicated on this agreement, will provide to MSD a list of all the physicians in the practice who will be enrolling in the
 discount program, based on the requirements outlined above.
- Enrollment process does not commence until this form and the physician list is received by MSD.
- MSD will acknowledge receipt of the information and then determine membership status and membership classification for each physician on the list.
- Based on the information provided to MSD by the group, a single group dues invoice will be generated when the dues renewal cycle begins (mid November 2022) and be provided to the designated contact for the group indicated on this form.
- Once the group membership invoice has been sent to the designated group representative, no further changes will be made to the invoice.
- The group is responsible for payment by the designated due date on the invoice. A 30-day net pay is provided. No other discounts apply. As only one group invoice is provided by MSD, only one payment (check or credit card) is to be submitted to MSD from the group for payment of all listed on the group invoice. No individual payments will be accepted for those listed on the group invoice.
- Should a non-member physician new to the group wish to join MSD after the group invoice has been provided, the physician will be required to complete a membership application and undergo the normal approval process for membership. Upon approval of the membership application, the individual will be billed separately at the appropriate membership rate without a group discount applied.

- The group discount will be valid for those on the invoice up to the designated due date for payment. Those physicians who are approved for membership following the payment due date, will be billed membership dues according to their appropriate membership category. Those whose membership classifications would normally be eligible for the group discount, would <u>not</u> have the group discount applied if the full dues rate is pro-rated.
- Should a physician leave the group, resign membership, die, be terminated from MSD membership, or become ineligible for MSD membership following the payment of the group membership dues, a refund of the dues paid is not provided. In the case of a physician leaving the group, the physician would continue to be recognized as a member of MSD for that dues year, except in the case of their requested resignation or termination of MSD membership, death, or other membership ineligibility.
- The enrollment deadline for the 2022 dues cycle is 4pm on October 14, 2022.
- The 2023 membership year is effective January 1, 2023 through December 31, 2023.
- The Group Membership Discount Program is in effect for the applicable dues year. **The program does not have an automatic renewal; group participants must re-enroll annually**. The group is responsible for contacting the Medical Society of Delaware annually to enroll in the group discount program as long as program continues to be offered.



New group or established: _____

TO BE COMPLETED AND RETURNED BY GROUP APPLYING FOR ENROLLMENT

Membership Year 2023

C D	C D L L L C L L L L L L L L L L L L L L
Group Representative Contact Name (Printed) & Title	Group Representative's Signature - Electronic signature acceptable; typed name acts as legal signature.
Group Name	Date
Representative's Email Address	Phone Number
Billing Address	
Preferred Method for Delivery of Invoice:	
☐ Mailed to Representative at designated bill	Para and discount to discount and a financial
	ing address indicated above
☐ Emailed to Representative at designation e	_
☐ Emailed to Representative at designation e	mail address indicated above
■ Emailed to Representative at designation e Please list all physicians that are part of the gro	mail address indicated above
Emailed to Representative at designation e Please list all physicians that are part of the gro separate sheet if needed): *	mail address indicated above
Emailed to Representative at designation e Please list all physicians that are part of the groseparate sheet if needed): * * *	mail address indicated above
■ Emailed to Representative at designation e Please list all physicians that are part of the gro separate sheet if needed): *	_
■ Emailed to Representative at designation e Please list all physicians that are part of the groseparate sheet if needed): * * * * *	mail address indicated above
Please list all physicians that are part of the groseparate sheet if needed): * * * * * * * * * * * * *	mail address indicated above
■ Emailed to Representative at designation e Please list all physicians that are part of the groseparate sheet if needed): * * * * * * * * * * * * *	mail address indicated above
■ Emailed to Representative at designation e Please list all physicians that are part of the groseparate sheet if needed): * * * * * * * * * * * * *	mail address indicated above
Please list all physicians that are part of the groseparate sheet if needed): * * * * * * * * * * * * *	mail address indicated above

Date Invoice Sent: _____ Payment Due Date: Date Payment Received: _____ Amount Received: _____ V: 9/17 | Rev: 8/8/2022

Invoice to be Mailed or Emailed:

Mailed

Emailed