

Membership Application

For Institutional and Individual Membership

2009-10

- Membership is open to all stakeholders in the population health improvement community.
- Membership in DMAI is effective in the month payment is received and continues for one year.
- Membership dues are not transferable, refundable or prorated.
- The application review process requires 10 to 15 business days after our Membership Review Board approves your candidature.
- The application form should not be submitted with any blank fields; failure to complete may prolong the application approval process.



Institutional Applicant Information		
Name		
Address		
Phone		
Fax		
Website		
Status	□ Publicly Held	
	□ Privately Held	
	□ Non for profit	
	will be held in strict confidence.	
Fiscal Year		
Revenues (INR)		
Years in	□ <1	
Population	□ 1-3	
Health	□ 4-6	
Improvement	□ 7-10	
Industry:	□ 10+	
Lives Covered		
Lives Engaged		
	Population health management organizations	
	□ Behavioral Health Organization	
	□ Biotech Organization	
	□ Chronic Care Management Organization	
	☐ Health Information Technology Innovator	
	☐ Home Health Care Organization	
	□ Nursing Home/Elderly Care Organization	
	□ Pharmaceutical Manufacturer	
	□ Pharmacy Benefit Manager	
	□ Software Solution Provider	
	□ Third-Party Administrator/Administrative Services	
	Organization Committee Com	
	□ Wellness Promotion Organization	
	Health plans & integrated delivery systems	
	☐ Health Insurance Plan	
	☐ HMO/PPO ☐ Management Sequine Organization	
	 ☐ Management Service Organization ☐ Government/Private Insurance Plan 	
	☐ Physician-Hospital OrganizationPartner organizations	
	□ Academic Institution	
	□ Academic Institution □ Academic Medical Center	
	□ Employer/Purchaser	
	□ Executive Search Firm	
	□ Consultant Group	
	□ Disability Insurance Company	
	□ Government Institution	
	☐ Investment Broker/Banker/Advisor	
	☐ Life Insurance Company	



	□ Physician Group□ Re-Insurance Company	,	
	□ Broker		
	□ Others		
	If Others, please specify		
Domographics	Chook all that apply		
Demographics	Check all that apply Claims Management/Pro	ocossing/Poviow	
	_		
	 □ Depression Screening □ Health Risk Appraisal 		
	☐ Home Care Support		
	☐ Internet Support – Patie	ent (PHR)	
	☐ Internet Support – Phys	, ,	
	□ Nurse-Supported Inbou	· · · · ·	
	Nurse-Supported Outbound Patient Call Center		
	□ Outcomes Measurement Surveys		
	□ Patient Behavior Change Programs		
	□ Patient Education Materials		
	□ Patient Segmentation		
	□ Predictive Modeling		
	□ Remote Patient Monitoring		
	□ Wellness Coaching		
	Other Other		
	If Others, please specify		
Geographic		Mention Countries/States	
Regions Served	☐ United States/North	montaion obtained of ottation	
Client Types	America		
•	□ Europe		
	□ Asia		
	□ South America		
	□ Africa		
	□ Australia		
	□ Others (Specify)		
0 110	N 1 60 110 1		
Call Centers	Number of Call Centers		
	Locations		



Description of Program or Services (250 words or less)	
Major Clients (Please list)	Department of Defense Employer Health Plan Medicaid FFS Medicaid Managed Care Medicare Physician Groups Population Health Management Organization State Employee Benefit Program Union Other (Specify)
Awards & Recognition	□ DMAI Year Program
	i rogram
	□ Others Year
	Program



Conditions and	Conditions	Offered	Certifications/Progra
Programs	Total Population Managemen	<u> </u>	ms
	Asthma		
		_	
	Congestive Heart Disease		
	COPD		
	Coronary Artery Disease		
	Depression		
	Diabetes		
	Hyperlipidemia		
	Hypertension		
	Lower Back Pain		
	Maternal Health	П	
	Oncology		
	Smoking Cessation		
	Weight Management		
	Wellness and Prevention		
Any Other			•
Relevant			
Information on			
the Company			
(5)			
(Please also			
provide the			
audited			
accounts of the			
company)			
' ' '			
Company	Primary Contact:		
Rooster	Name		
All individuals	Title		
linked to a			
	Phone		
member	Address (if		
company are	different from		
designated to	Company)		
receive member	Management Team:		
benefits, such as	CEO Name		
our weekly	Phone		
electronic	Address (if		
newsletter,	different from		
discounts on	Company)		
publications and			
registration, and	Medical		
access to the	Director Name		
members-only	Phone		
	Address (if		
portion of our	different from		
Web site.	Company)		
	Name		
	Designation		
	Phone		
	Address (if		
	different from		
	Company)		



Name	
Designation	
Phone	
Address (if	
different from	
Company)	
Name	
Designation	
Phone	
Address (if	
different from	
Company)	
Name	
Designation	
Phone	
Address (if	
different from	
Company)	



Individual Applicant Information		
Name		
Address		
Phone		
Fax		
Company		
Website		
Company Status	□ Publicly Held	
	□ Privately Held	
	□ Non for profit	
Applicant Type	Select one	
	□ Government Employee	
	□ Full-Time Academicians	
	□ Independent Specialty Consultant	
	□ Independent Nurse Consultant	
	□ Case Manager	
	□ Pharmacist	
	□ Psychologist	
	□ Full-Time Student: Undergraduate	
	☐ Full-Time Student: Graduate Assistant	
	□ Full-Time Student: Post-Doctoral Fellow	
	□ Others	
	If Others, please specify	
Are you willing	□ Yes	
to serve DMAI in	□ No	
member		
activities?	If Yes, hours per week	



Categories of Membership

DMAI members receive a host of benefits, including access to the members-only area of the DMAI Web site and other tools; the *eNews* newsletter; communications updating members on DMAI legislative and regulatory advocacy efforts; announcements about DMAI educational programs; and discount offers for population health improvement products and partner conferences.

Listed below are the categories of membership and corresponding annual dues. Membership fees are based on the joining organization's total revenue for the most recent fiscal year.

Member Category	Admission Fee	Annual Fee
Stand Alone Hospitals / Nursing Homes / Polyclinics	INR 3000	INR 5000
Hospital Chains / Pharmacy Chains / Diagnostic Chains / Wellness Centres	INR 3000	INR 12000
Insurance Companies	INR 3000	INR 12000
Third Party Administrators	INR 3000	INR 5000
Pharmaceutical Companies	INR 3000	INR 22000
IT / ITES / Medical Technology Companies	INR 3000	INR 22000
NGOs / Industry Associations	INR 3000	INR 7000
International Individuals / Corporates	USD 250	USD 1200
Students / Academicians	INR 100	INR 250
Nurses/ Paraclinical / Paramedical Professionals	INR 100	INR 500
Self Employed Doctors / Clinical Professionals/ Pharmacists	INR 100	INR 1500

<u>Pharn</u>	nacists		
	I certify that the inform	nation provided is complete an	d accurate to my knowledge.
Name:	:		
Date:			
Signat	ture:		

Method of Payment

Please send a Demand Draft drawn on Disease Management Association of India, Bangalore.