



**MEDICAL SOCIETY OF DELAWARE  
HOSPITAL GROUP MEMBERSHIP DUES PROGRAM  
2024 AGREEMENT AND TERMS**

The Medical Society of Delaware (MSD) offers the opportunity for a discount on membership dues for physicians employed in a hospital or hospital system. The basis of the hospital group discount program is for administrative simplification with the generation of one invoice from MSD and one payment from the hospital, lessening the administrative burden for each.

**Hospital Group Membership Dues Program**

For those physicians employed within a hospital/hospital system, a discount is applied based on the membership percentage of those physicians who are MSD members and the total of all employed physicians within the employed physician network. The discount is applied to those physicians having a "Regular Active Membership" classification, as all other membership classifications enjoy a significant discount on their dues (such as those in first, second, and third year in practice).

Percentage of discount given is based on market share of MSD members vs. the total number of employed physicians in the network.

- 60% - 69% membership = 10% discount on regular active membership dues
- 70% - 79% membership = 20% discount on regular active membership dues
- 80% - 100% membership = 30% discount on regular active membership dues

**AGREEMENT TERMS AND CONDITIONS**

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

- The hospital 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 (**October 13, 2023**), the hospital's designated representative, as indicated on this agreement, will provide to MSD a list of all the employed physicians within the physician network and designate those whose MSD membership dues are to be paid. Physicians who are not currently MSD members must apply for membership prior to enrolling in this discount program. The discount percentage is contingent upon application approval.
- Enrollment does not begin until this completed form and the physician list is received by MSD.
- MSD will acknowledge receipt of the information, determine membership status and membership classification for each physician on the list, as well as the discount percentage.
- Based on the information provided to MSD by the hospital, a single invoice will be generated when the dues renewal cycle begins and be sent to the designated contact for the group.
- Once the invoice has been sent to the designated group representative, no further changes will be made to the invoice.



- The hospital contact representative is responsible for payment by the designated due date on the invoice. A 30-day net pay is provided. No other discounts apply.
- Should a non-member physician wish to be added to the group after the 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 hospital contact representative will be sent a separate invoice for this physician. There are no further adjustments to the prior discount percentage applied to the group once the original invoice for the group has been generated, should additional physicians increase the market share to a higher discount percentage level.
- The discount will be valid up to the designated due date for payment. Those physicians who are approved for membership following the hospital group membership payment due date, will be billed membership dues according to their appropriate membership category. Those who have a membership classification that would normally be eligible for the discount (i.e., regular active membership classification), would not have the discount applied when the dues rate is pro-rated for the year.
- Should a physician leave the group, resign membership, die, be terminated from MSD membership, or become ineligible for MSD membership following payment of the group dues, a refund 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 resignation or termination of MSD membership, death, or other membership ineligibility.
- **The enrollment deadline for the 2024 dues cycle is October 13, 2023.**
- The 2024 membership year is effective January 1, 2024 through December 31, 2024.
- The Hospital Group Membership Discount Program is in effect for the applicable dues year. The program is not an automatic renewal; participants must re-enroll annually. The group is responsible for contacting the Medical Society of Delaware to annually enroll in the group discount program prior to the established enrollment deadline for as long as program continues to be offered.



**TO BE COMPLETED AND RETURNED  
BY HOSPITAL APPLYING FOR DISCOUNT  
*Dues Year 2024***

I have read and agree to the terms and conditions of enrolling in the Hospital Group Membership Dues Program.

<hr/>	<hr/>
Hospital Representative Contact Name (Printed)	Representative's Title
<hr/>	<hr/>
Hospital Name	/ /
<hr/>	Date
<hr/>	<hr/>
Representative's Email Address	Phone Number
<hr/>	<hr/>
<hr/>	
Billing Address	
<hr/>	
Preferred Method for Delivery of Invoice:	
<input type="checkbox"/> <b>Mailed</b> to Representative at designated billing address indicated above	
<input type="checkbox"/> <b>Emailed</b> to Representative at designation email address indicated above	

Email completed forms to: [Michelle.Seymour@medsocdel.org](mailto:Michelle.Seymour@medsocdel.org)

Fax to: (302) 366-1354, ATTN: Michelle Seymour

**For MSD Use:**

Date Completed Agreement Received by MSD: \_\_\_\_\_

Date Group List Received by MSD: \_\_\_\_\_ Approved for Group Discount: ☐ Yes ☐ No

Invoice to be Mailed or Emailed: ☐ Mailed ☐ Emailed Date Invoice Sent: \_\_\_\_\_

Payment Due Date: \_\_\_\_\_ Date Payment Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_

V: 9/17  
Rev: 8/2/2023