



Dear HCMS Member:

Thank you for your interest in the HCMS DocList, the Harris County Medical Society's label and electronic data service.

In order to process your request, the following documents need to be submitted:

1. A copy of your mailing.
2. Request form for either a one-time use only or for standing orders (pages 3-4).
3. Agreement on Utilization of Membership signed by a member physician (page 5).
4. Method of payment form – check or credit card payment information (page 6).
5. If applicable, Letter of Agreement for mailing house (page 7).

HCMS reserves the right to approve or disapprove any mailing to its members. Mailings can be used only to: Share details about your practice (i.e. office hours, languages spoken, etc.); Communicate changes (i.e., relocating, new staff, new procedures, etc.); Build your brand awareness by sharing a practice newsletter; or Promote continuing medical education opportunities.

Pricing information is listed below. **All new HCMS members and physicians in their first and second year in practice are eligible to receive one set of free electronic labels.**

LABEL/NAME PRICING	MEMBERS	INSTITUTIONAL
1 – 499 Labels/Names	52.50	105.00
500 - 1,000 Labels/Names	105.00	157.50
1,001 - 2,500 Labels/Names	157.50	210.00
2,501 Labels/Names and up to complete membership (approx. 7,100)	262.50	315.00

Shipping is calculated within the Houston postal zip code area. If shipping outside of area, please ask for an estimate.

Unless a tax-exempt certificate is on file with the HCMS office, sales tax will be added. An invoice And a copy right notice will be included with the processed label request.

If you do not wish to purchase the complete membership, we can provide information by different specialties, zip codes, age preference, newly licensed physicians, and/or by practice setting (Independent Practice, Hospital Employed, Academic) per set of labels/names printed. If you would like to know in advance approximately how many labels/names to expect based on your criteria, please let us know.

Once all information is received please allow **one week** for processing.

If you have any questions, please contact Suzy Pero at the HCMS office, 713-524-4267 or via e-mail suzy_pero@hcms.org. The completed forms can be emailed to Suzy or faxed to 713-528-0951.

Thank you.

Ahuva Terk, MBA
HCMS Vice President, Member Services

Harris County Medical Society Basic Membership Statistics

HCMS Active Members by Top 30 Specialties

Specialty	Total Members
Internal Medicine	935
Family Medicine	754
Pediatrics	579
Anesthesiology	641
Obstetrics and Gynecology	508
Emergency Medicine	147
Psychiatry	210
Pathology, Anatomical/Clinical	256
Surgery, General	232
Cardiovascular Disease	253
Radiology	299
Ophthalmology	256
Orthopedic Surgery	234
Radiology, Diagnostic	244
Radiology Oncology	104
Neurology	167
Dermatology	204
Gastroenterology	182
Oncology	162
Urology	147
Otolaryngology	168
Nephrology	124
Physical Medicine & Rehabilitation	98
Neurological Surgery	77
Endo, Diabetes & Metabolism	81
Infectious Diseases	67
General Practice	82
Pulmonary Diseases	80
Hematology/Oncology	86
Plastic Surgery	148

HCMS Members by Assigned Branch

Number of Members	Branch
3,115	Central *
148	East
760	North
671	Northwest
672	Southeast
1,248	Southwest
806	West
7,420	TOTAL

**Refers to physicians practicing within the 610 Loop*

A complete list of recognized self-designated practice specialties can be found on page eight of this packet.

Harris County Medical Society Request Form

The following process will be followed to process orders:

- Orders can be used only for the approved utilization described on page four.
- Content of each mailing must be approved by HCMS one week before labels or electronic data is provided.

Please specify your preference for labels/names:

- Press-A-Ply Labels (peel and stick) / Please check: Zip Code order Alphabetical order
- Electronic Data (available to use through an approved mail house only)

Frequency of the request (check appropriate box below):

- One Time Request only
- Execute the request on the following dates: _____

- A new set of labels or electronic data will be provided on each requested date to ensure that member information is as accurate as possible. Consequently, the letter of agreement with the mail house (page seven) which states that "...the purchased mailing list in electronic form for a **one-time** use by the third party client..." still stands. Per letter of agreement, each list should be used once and discarded.
- If providing a credit card on file, that credit card will be charged up on each delivery of the labels. If paying with a check, the full amount will be invoiced for the entire standing order when submitting the contract.
- **HCMS is authorized to charge my credit card on file at each delivery time.**
_____ (please initial) See page six to complete credit card form.

Order Details:

- Complete Membership**

Specific Specialties, as listed in the Pictorial Roster or page eight of this document. Please list the specialty or specialties you are requesting. You may select more specialties and/or zip codes if needed.

(1)_____ (2)_____ (3)_____ (4)_____

(5)_____ (6)_____ (7)_____ (8)_____

Specific Zip Codes. Please list the zip codes you are requesting. Refer to pages 24 in the HCMS Pictorial Roster to view a zip code map or go to <https://www.hcms.org/about/branch-societies> to get the zip codes with in each branch area.

(1)_____ (2)_____ (3)_____ (4)_____

(5)_____ (6)_____ (7)_____ (8)_____

Age Preference: (please check all that apply): All Ages / 20-39 40-59 60-69 70+

Newly Licensed: Please check box only if interested in physicians that have been licensed in Texas within the past two years.

Practice Settings: Independent Practice / Hospital Employed / Academic

Please specify preference of pick up:

Will pick up labels at the HCMS office (1515 Hermann Drive, Houston, TX 77004)

Please send labels by (please check one):

USPS mail

UPS and invoice to:

To submit your request:

- (1) Please return this request form.
- (2) Include a copy of the Agreement of Utilization signed by a member physician.
- (3) Include a copy of the mailing.

Unless all three pages are present your request cannot be submitted for approval.

Signature: _____ Title: _____

Date labels to be completed: _____ Phone Number: _____

Email Address: _____

If applicable, please check:

I am a new physician member of HCMS I am a physician member in my first or second year in practice

STATE OF TEXAS

COUNTY OF HARRIS

AGREEMENT ON UTILIZATION OF MEMBERSHIP LABELS/ELECTRONIC DATA

WHEREAS, the undersigned has requested the Harris County Medical Society to release its membership Labels/Names to (it) (her) (him) (them):

(Name of Physician/Organization Requesting Labels)

and,

WHEREAS, the Executive Board of the Harris County Medical Society has approved such request for use of the membership labels limited to the above stated purpose for a one time use only; and

WHEREAS, the Harris County Medical Society does not allow its membership list to be utilized for commercial purposes or for solicitation in any manner unless approved by the Executive Board; and

WHEREAS, the Harris County Medical Society does not allow its membership list to be duplicated nor used in any way other than for the purpose listed below.

Now, therefore, the undersigned party agrees that the membership list released shall be utilized only for the following purposes:

and that such party to this agreement shall instruct all employees, agents, or other persons having access to such labels/names to consider the labels/names confidential and that violation of this agreement and understanding may result in appropriate sanctions to be imposed against any party violating this agreement by the Harris County Medical Society.

COPYRIGHT NOTICE: It is understood that the purchaser of this list has agreed to use this mailing list on a one time basis only as described on purchaser's offer to buy the list and that the list and/or labels shall not be reproduced, stored in a retrievable system or transmitted in any form by any means, electronic, mechanical, photocopying or recording.

COPYRIGHT 2019 by the HARRIS COUNTY MEDICAL SOCIETY

ANYONE VIOLATING THE COPYRIGHT PROTECTION IS SUBJECT TO PROSECUTION

EXECUTED THIS _____ DAY OF _____, 2019.

Debbi Eschenbach
Branch & Project Manager
Harris County Medical Society

HCMS Member Physician's Signature

HCMS Member Physician (Please Print)

Email Address

**HARRIS COUNTY MEDICAL SOCIETY
METHOD OF PAYMENT FORM
LABELS/ELECTRONIC DATA**

Method of Payment:

- Check payable to Harris County Medical Society in the amount of \$_____
- Credit card (complete below)

Please Circle the type of Credit Card: Mastercard / Visa / Discover /American Express

Total Amount Charged: \$_____

Credit Card No. _____ Exp. Date: _____

Name as appears on credit card: _____

Billing Address: _____

Billing City, State & Zip: _____

Signature: _____

All credit card information is privileged and confidential and will not be duplicated or distributed in any way.

CODES FOR SELF-DESIGNATED PRACTICE SPECIALTIES

A Allergy	HOS Hospitalist	PCS Pediatric Cardiothoracic Surgery
ACA Adult Cardiothoracic Anesthesiology	HPM Hospice & Palliative Medicine	PD Pediatrics
ADL Adolescent Medicine, Pediatrics	HS Hand Surgery	PDA Pediatric Allergy
ADM Addiction Medicine	HSO Hand Surgery, Orthopedic Surgery	PDC Pediatric Cardiology
ADP Addiction Psychiatry	HSP Hand Surgery, Plastic Surgery	PDD Pediatric Dermatology
AHF Advanced Heart Failure & Transplant Cardiology	IC Interventional Cardiology	PDE Pediatric Endocrinology
AI Allergy and Immunology	ICE Cardiac Electrophysiology, Clinical	PDI Pediatric Infectious Disease
ALI Allergy and Immunology, Clinical and Laboratory Immunology	ID Infectious Diseases	PDO Pediatric Otolaryngology
AM Aerospace Medicine	IFP Internal Medicine, Family Practice	PDP Pediatric Pulmonology
AMF Adolescent Medicine, Family Medicine	IG Immunology	PDR Pediatric Radiology
AN Anesthesiology	IM Internal Medicine	PDS Pediatric Surgery, Surgery
APM Pain Medicine, Anesthesiology	IMG Geriatric Medicine, Internal Medicine	PEM Pediatric Emergency Medicine
AR Abdominal Radiology	IPM Internal Medicine, Preventive Medicine	PFP Forensic Psychiatry
AS Abdominal Surgery	ISM Sports Medicine, Internal Medicine	PG Pediatric Gastroenterology
ASO Advanced Surgical Oncology	LM Legal Medicine	PHL Phlebology
ATP Anatomic Pathology	MDM Medical Management	PHM Pharmaceutical Medicine
BIN Brain Injury Medicine	MFM Maternal and Fetal Medicine	PHO Pediatric Hematology/Oncology
BBK Blood Banking/Transfusion Medicine	MG Medical Genetics	PHP Public Health & Preventative Medicine
CAP Child Abuse Pediatrics	MGP Molecular Genetic Pathology	PLM Palliative Medicine
CCA Critical Care Medicine, Anesthesiology	MM Medical Microbiology	PM Physical Medicine and Rehabilitation
CCG Clinical Cytogenetics	MPD Internal Medicine/Pediatrics	PME Pain Management
CCM Critical Care Medicine, Internal Medicine	MSR Musculoskeletal Radiology	PMG Pediatrics/Medical Genetics
CCP Pediatric Critical Care Medicine	N Neurology	PMM Pain Medicine
CCS Critical Care Surgery	NC Nuclear Cardiology	PMP Pain Medicine, Physical Med & Rehab
CD Cardiovascular Diseases	NDN Neurodevelopmental Disabilities, Psychiatry & Neurology	PN Pediatric Nephrology
CFS Craniofacial Surgery	NDP Neurodevelopmental Disabilities, Pediatrics	PO Pediatric Ophthalmology
CG Clinical Genetics	NEP Nephrology	PP Pediatric Pathology
CHD Adult Congenital Heart Disease	NM Nuclear Medicine	PPM Pediatric Physical Medicine and Rehab
CHN Child Neurology	NMN Neuromuscular Medicine	PPR Pediatric Rheumatology
CHP Child and Adolescent Psychiatry	NO Neurology/Otology	PRD Procedural Dermatology
CHS Congenital Cardiac Surgery	NP Neuropathology	PRO Proctology
CIP Clinical Informatics	NPM Neonatal-Perinatal Medicine	PRS Sports Medicine, Phys Med & Rehab
CLP Clinical Pathology	NPR Neurology, Physical Medicine & Rehab	PS Plastic Surgery
CN Clinical Neurophysiology	NR Nuclear Radiology	PSH Plastic Surgery within the Head & Neck
CRS Colon and Rectal Surgery	NRN Neurology/Diagnostic Radiology/Neuroradiology	PSM Pediatric Sports Medicine
CS Cosmetic Surgery	NS Neurological Surgery	PTH Pathology, Anatomic/Clinical
CTR Cardiothoracic Radiology	NSP Pediatric Surgery, Neurology	PTP Pediatric Transplant Hepatology
D Dermatology	NTR Nutrition	PTX Medical Toxicology, Preventive Medicine
DBP Developmental-Behavioral Pediatrics	NUP Neuropsychiatry	PUD Pulmonary Diseases
DDL Dermatological Immunology, Clinical and Laboratory	OAN Obstetrics Anesthesiology	PYA Psychoanalysis
DIA Diabetes	OAR Orthopedic Surgery, Adult Reconstructive	PYG Geriatric Psychiatry
DMP Dermatopathology	OBG Obstetrics and Gynecology	PYM Psychosomatic Medicine
DR Diagnostic Radiology	OBS Obstetrics	R Radiology
DS Dermatologic Surgery	OCC Critical Care Medicine, Obstetrics and Gynecology	REN Reproductive Endocrinology & Infertility
EM Emergency Medicine	OFA Foot and Ankle, Orthopedic Surgery	RHU Rheumatology
END Endocrinology, Diabetes and Metabolism	OM Occupational Medicine	RNR Neuroradiology
EP Epidemiology	OMF Oral & Maxillfacial Surgery	RO Radiation Oncology
EPL Epilepsy	OMM Osteopathic Manipulative Medicine	RPM Pediatric Rehabilitation Medicine
ESN Endovascular Surgical Neuroradiology	OMO Musculoskeletal Oncology	SCI Spinal Cord Injury Medicine
ETX Medical Toxicology	ON Oncology, Medical	SME Sleep Medicine
FM Family Medicine	OP Pediatric Orthopedics	SO Surgical Oncology
FOP Forensic Pathology	OPH Ophthalmology	SP Selective Pathology
FPG Geriatric Medicine, Family Medicine	OPR Ophthalmic Plastic & Reconstructive Surgery	TRS Trauma Surgery
FPR Female Pelvic Medicine & Reconstructive Surgery, OB/GYN	ORS Orthopedic Surgery	TS Thoracic Surgery
FPS Facial Plastic Surgery	OS Other Specialty	TTS Transplant Surgery
FSM Sports Medicine, Family Medicine	OSM Sports Medicine, Orthopedic Surgery	U Urology
GE Gastroenterology	OSS Orthopedic Surgery of the Spine	UCM Urgent Care Medicine
GO Gynecological Oncology	OTO Otolaryngology	UM Undersea & Hyperbaric Medicine
GP General Practice	OTR Orthopedic Trauma	UP Pediatric Urology
GPM General Preventive Medicine	P Psychiatry	UPR Female Pelvic Medicine, Urology
GS General Surgery	PA Pharmacology, Clinical	US Unspecified
GYN Gynecology	PAN Pediatric Anesthesiology	VIR Vascular and Interventional Radiology
HEM Hematology, Internal Medicine	PCC Pulmonary Critical Care Medicine	VM Vascular Medicine
HEP Hepatology	PCH Chemical Pathology	VN Vascular Neurology
HMP Hematology, Pathology	PCP Cytopathology	VS Vascular Surgery
HNS Head and Neck Surgery		
HO Hematology/Oncology		