

Friends of the Society

Dear Friend of the Society:

Thank you for requesting information about the HCMS DocList Program, the Harris County Medical Society's label and electronic data service. This service is now being offered exclusively [Friends of the Society](#).

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

1. A copy of your mailing collateral.
2. Request Form (page 3 & 4).
3. Signed Agreement on Utilization of Membership List (page 5).
4. Method of Payment Form (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, including discontinuing this service option to Friends of the Society at any time, with or without notice. Please note that membership in the Friends of the Society program does not constitute an endorsement by Harris County Medical Society of your organization or your organization's products or services. Therefore, the HCMS logo may not be used by Friends of the Society in marketing or branding of any kind. However, your organization may indicate that it is a Friend of the Society through the duration of your Friends of the Society contract.

Pricing information

OFFICE ADDRESS LABELS/NAME PRICING*	FOS MEMBERS
1 - 1,000 Labels/Names	\$325.00
1,001 - 2,500 Labels/Names	\$525.00
2,501 Labels/Names and up to complete membership (approx. 7,400)	\$800.00

Shipping information

Labels can be purchased as:

1. Press-A-Ply Labels (peel and stick). They can be picked up at HCMS offices on 1515 Hermann Drive, 2nd floor between 9 am – 5 pm, Monday – Friday. They can also be mailed free of charge via standard US mail.
2. Electronic Data. The data can only be delivered to an approved mail house.

* Pricing includes taxes and regular USPS delivery.

Scope of order

If you do not wish to purchase the complete membership, we can provide information by different specialties, zip codes, age preference, newly licensed physician, and/or by practice setting per set. If you would like to know how in advance approximately how many labels/names to expect, please let us know.

Once all information is received please allow 72 hours for processing.

Please contact Suzy Pero or Robbie Morace at the Harris County Medical Society office, (713) 524-4267 or via e-mail at suzy_pero@hcms.org or robbie@medserv-HCMS.com, if you have any questions.

Best regards,

Robbie Morace

Sales and Marketing Manager
Medserv, Inc., Service Company of the Harris County Medical Society
1515 Hermann Drive

Harris County Medical Society Basic Membership Statistics

HCMS Active Members by Top 20 Specialties

Specialty	Total Members
Internal Medicine	934
Family Medicine	752
Pediatrics	576
Anesthesiology	642
Obstetrics and Gynecology	503
Emergency Medicine	145
Psychiatry	208
Pathology, Anatomical/Clinical	257
Surgery, General	231
Cardiovascular Disease	270
Radiology	299
Ophthalmology	257
Orthopedic Surgery	234
Radiology, Diagnostic	244
Neurology	167
Dermatology	204
Gastroenterology	181
Oncology	162
Urology	148
Otolaryngology	168

HCMS Active Members by Top 20 Zip Codes

Zip Code	Number of Members	Branch
77030	1931	Central*
77024	333	Western
77402	321	Southwest
77054	257	Central*
77598	196	Southeast
77074	185	Southwest
77090	180	North
77429	162	North
77025	161	Central*
77070	129	North
77478	121	Southwest
77479	120	Southwest
77339	108	North
77401	103	Southwest
77008	96	Central*
77004	93	Central*
77027	91	Central*
77450	91	Western
77375	88	North
77098	84	Central*

**Refers to physicians practicing within the 610 Loop*

Friends of the Society

Harris County Medical Society Request Form

The following process will be followed to process orders:

1. Orders can only be used for the approved utilization described on page 5.
2. Content of the mailing must be approved by HCMS before labels or electronic data is provided.
3. Full payment must be received before labels or electronic data is provided.

Please specify:

1. Labels format

_____ 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)

2. Frequency of the request (check appropriate box)

One time request

Execute the request on the following dates:

Note:

- Marketing collateral must be approved 72 hrs before an order is processed
- 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 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.
- Full payment must be received for the entire order specified in this request form before order can be filled.

3. Scope of order

Complete Membership -

Specific Specialties, as listed in the Pictorial Roster or page 7 of the attachment. Please list the 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 page 24 in the HCMS Pictorial Roster to view a zip code map.

(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 if interested only in physicians licensed in Texas in the past two years.

Practice Settings: Independent Practice / Hospital Employed / Academic

4. Pick up

_____ Will pick up labels at the HCMS offices
_____ Please send labels to:

To submit your order

(1) Please return this request with (2) a signed copy of the Agreement of Utilization (3) a copy of the mailing and (4) the Method of Payment Form. **Unless all four pages are present your request cannot be submitted for approval.**

Company Name: _____

Name: _____

Signature: _____

Phone: _____

Email Address: _____

STATE OF TEXAS

COUNTY OF HARRIS

FOS 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):

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 to mail the attached mailing collateral for a one time use only; 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 2018 by the HARRIS COUNTY MEDICAL SOCIETY

ANYONE VIOLATING THE COPYRIGHT PROTECTION IS SUBJECT TO PROSECUTION

EXECUTED THIS ____ DAY OF _____, 2018.

Robbie Morace

Robbie Morace
Sales & Marketing Manager
Medserv, Inc., Service Company of the Harris County Medical Society

Friend of the Society's Signature

Printed Name & Date

Friends *of* the Society

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

Method of Payment:

- Company check payable to Harris County Medical Society in the amount of \$ _____
 Friends of the Society Account Amount \$ _____ Credit Card

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

Total Amount to be 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.

MAILING HOUSE LETTER OF AGREEMENT (for electronic data only)

Between:

Harris County Medical Society
1515 Hermann
Houston, TX 77004-7126

Name & Address of Mailing House:

Subject: Custody and Use of Mailing Lists

1. The Harris County Medical Society from time to time authorizes third party clients to use the Society's mailing list to send a mailing whose content has been approved by the Society. The third party client remits any fee payable for use of the mailing list directly to the Society. In the event that the third party client elects to use the services of _____ (name of mailing house) for its mailing, the Society will provide the above named mailing house the purchased mailing list in electronic form for one-time use by the third party client. The Society will provide this list via e-mail.
2. The third party client will contract directly with the above named mailing house for mailing services. The third party client will be solely responsible to the above named mailing house for all fees and charges incurred.
3. The third party client will be responsible for providing the mailing content in whatever form they and the above named mailing house have agreed upon.
4. The content of the mailing will be approved by the Society before the Society's mailing list is transmitted. The Society will provide the mailing house with an approved hard copy of the mailing content (which may be sent by fax) and an electronic merge list suitably identified as the list to which the approved content material is to be sent.
5. The above named mailing house agrees to use the mailing list only in the manner, and for the mailing, specifically authorized for the one mailing only. The above named mailing house will not release the list to anyone else, including the third party client. The list will be treated as confidential intellectual property and safeguarded accordingly.
6. Upon completion of the mailing, the list will be destroyed. Subsequent mailings will require transmittal of separate mailing lists and separate content authorization.

Agreed to for the _____

(insert name of mailing house)

Signature

Date

Phone

Title

Email Address

For the Harris County Medical Society:

Signature

Date

Title

Attached: Sample Mailing Content with Approval

Mailing house Agreement/July 2006

CODES FOR SELF-DESIGNATED PRACTICE SPECIALTIES

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