

# Riverside County Medical Association

## *Business Partner Program*

Riverside County Medical Association's (RCMA) Business Partner Program is dedicated to offering special services or discounts to RCMA members on various products and services designed to accommodate the business needs of physicians. Companies desiring to be considered for inclusion in the program must be able to relate to the RCMA membership on an individual, group and/or practice basis.



For a commitment of \$3,000 per year, your company will enjoy the benefits listed in this brochure. As part of your commitment, you will also be listed as a "Champion of Medicine" sponsor for our annual Medical Student Scholarship Fundraiser.

RCMA's Business Partners play a key role in helping us serve the physician community and increase the value of membership. Doctors look to RCMA to provide solutions for their practice needs since they have limited time, money and energy to do this on their own. By providing quality referrals to RCMA Business Partners, physicians are able to focus on what they do best... patient care.

# How You Benefit

## Benefits

- Your company name and information listed in materials sent to all prospective members, new physician members and renewing members.
- An electronic communication to RCMA membership announcing your partnership.
- Link to your website listed in the bi-monthly email newsletter.
- Logo and link to your website on RCMA's website.
- RCMA member mailing list upon request (maximum of four times/year).
- Quarter page ad in RCMA's Annual Pictorial Membership Directory.
- Two tickets to the RCMA Annual Installation of Officers event held in January.
- "Champions of Medicine" sponsor for annual Medical Student Scholarship Fundraiser.
- Recognition at general association meetings

## Partnership

- You will be associated with the oldest, largest and most respected physician community in Riverside County.
- You will be supporting a local organization physicians find valuable to their success in practice.

## Access

- Your quality products & support services will be constantly in front of over 1,100 physicians in Riverside County.

## Active Referrals

- Physicians in need of your quality products and support services will be actively referred to you through phone, web and materials distributed during in-office visits by RCMA's physician advocate.

## Promotion

- Your marketing pieces will be displayed in RCMA's office; included in RCMA marketing materials; listed on the RCMA website; and distributed at relevant meetings.

The Riverside County Medical Association (RCMA) is comprised of over 1,100 physicians practicing medicine throughout Riverside County. Established in 1893, the RCMA is a professional association of Doctors of Medicine to promote the science and art of medicine, the care and well-being of patients, the protection of the public health and the betterment of the medical profession. The RCMA unites with other county societies in the State of California to form the California Medical Association.

## How To Become A Business Partner

### Company Overview

- Provide company contact information and website
- Provide a company overview
- Describe your business focus
- Describe your primary market
- What geographic areas do you currently serve?
- Describe your market penetration
- What is your history, if any, of supporting issues central to the interests of RCMA's members, either through supporting RCMA causes, subsidiaries and affiliates or otherwise.

### Products & Services

- Describe your company 's products and/or services
- How is your company different from what RCMA already offers or other companies that offer similar services?
- Describe your current pricing structure
- Describe your customer service guarantee (s)

### Business Proposal

- What benefit or pricing incentive does a RCMA member receive that they could not receive without this program? Please describe.
- Are you willing to differentiate your products and or services so that non-member physicians pay a higher price or receive less value? Please describe.

### References

- Are there other membership-based organizations that endorse your products/services? If so, please list them.
- Please provide a list of your top five key customers and a brief profile of each, preferably five practicing physicians in good standing with the California Medical Board.

#### **Please send Preferred Business Partner Application/Proposal to:**

Riverside County Medical Association  
Richard Oberle, Director Membership, Marketing & Communications  
3993 Jurupa Ave.  
Riverside, CA 92506  
(800)472-6204 • (951) 686-1692 Fax  
roberle@rcmadocs.org

# Terms & Conditions

- Only top rated quality businesses with a product or service that meets the needs of RCMA physician members will be considered.
- Potential Business Partners must agree to provide discounted rates exclusive to RCMA members and guarantee the prices are the lowest offered to any individual.
- Potential Business Partners must submit a completed Business Partner Application/Proposal which will be vetted by RCMA staff and reviewed by RCMA's Benefits Committee for final approval.
- All participating Business Partners will be contracted for a full one-year, regardless of start date.
- Personal information of RCMA member physicians may not be duplicated or shared with any organization other than the contracted organization. Additionally any marketing mailing labels provided to Business Partner are to be used one (1) time only and may not be duplicated.
- RCMA will accept no more than three (3) Business Partners of like goods or services.
- The business partner program in no way implies endorsement of your company.

## Payment Information

Company: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Visa    MC    Amex    Invoice Me    Check Payable to RCMA

Card #: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

Authorized Cardholder  
Signature Required: X \_\_\_\_\_

*Payment due upon approval of Preferred Business Partner Status*