

Organizational Member Application

An Organizational Member is a California primary care or multi-specialty physician organization that is managing risk-bearing health plan contracts, or a management service organization (MSO) providing services for physician organizations that manage risk-bearing health plan contracts.

Application is hereby made to become an Organizational Member in the California Association of Physician Groups (CAPG), a 501(c)(6) not-for-profit corporation.

Organization's Full Legal Name: _____

Year in which Organization was established/founded: _____

Senior Physician Executive:
(CAPG Delegate) _____ (Name and Title) (E-mail)

(_____) _____
(Telephone number)

Senior Administrative Executive:
(CAPG Delegate) _____ (Name and Title) (E-mail)

(_____) _____
(Telephone number)

Organization's Main Address: _____ (Street)

(City, Zip Code)

Organization's Website Address: _____

Main Telephone Number: (_____) _____

Main Fax Number: (_____) _____

Dues billing to be addressed to: _____ (Name and Title)

(Address if different from above)

Signature

Date

Business References (from the health care industry)

1. Name: _____ Title: _____

Company Name: _____

Phone: _____ Email: _____

2. Name: _____ Title: _____

Company Name: _____

Phone: _____ Email: _____

CAPG Organizational Member Application (cont.)

Profile Information

1. Provide the number of employed and contracted physicians in each category.
 - A. Number of primary care physicians _____ Employed _____ Contracted
(Includes: Pediatrics, Family Practice, Internal Medicine, Ob/Gyn, Urgent Care and General Practice.)
 - B. Number of specialist physicians _____ Employed _____ Contracted
2. Is your organization: For Profit Not-for-profit
3. Please indicate which type of structure most closely describes your organization.

Medical Group Medical group and IPA IPA

MSO (Please attach a list of organizations included in the enrollment numbers listed below)
4. Does your organization participate in a Management Services Organization (MSO) with defined services?

Yes No

If yes, please identify the organization that provides these services:

5. Number of satellite offices (Medical groups only): _____ (attach a list of locations)
6. List the Counties that you serve: _____ (Attach a list if additional space is needed)

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The following standard terms have been used as a tool to establish equity in member dues calculations:

Formula Calculation: (Use enrollment figures for the most current month)

- 1) Total number of commercial HMO/POS lives _____
- 2) Total number of Medi-Cal HMO lives _____
- 3) Total number of Medicare Advantage (senior lives) _____ x 3= _____
- 4) Total lines (1) through (3), if applicable _____
- 5) Based on the total indicated on line 4, use the chart below to determine your organization's actual monthly dues \$ _____

Total / Lives Volume	Dues Per Month*
Up to 10,000 lives	\$810
10,001 – 43,000 lives	\$1,050
43,001 – 100,000 lives	\$0.0252 per member
100,001 – 235,000 lives	\$0.0228 per member
Over 235,000 lives	\$5,400

Please submit your application to:

CAPG
915 Wilshire Blvd., Suite 1620
Los Angeles, CA 90017

For further information contact:

CAPG
(213) 624-CAPG

**Dues will be invoiced after the
Governing Board approves the
application.**