



# SAN BERNARDINO COUNTY MEDICAL SOCIETY

*Physicians Who Care*

## BUSINESS PARTNER PROGRAM

**PARTNERSHIP**

**ACCESS**

**PROMOTION**

**COLLECTIONS**

**HOSPITALITY**

**LEGAL**

**ACCOUNTING**

**FINANCIAL SERVICES**

**BANKING**

**OFFICE SUPPLIES**

**PRINTING SERVICES**

**CREDIT CARD PROCESSING**

# WHO WE ARE

The San Bernardino County Medical Society (SBCMS), a county component of the California Medical Association (CMA), is a non-profit professional physician membership organization representing 2,800 members. We are the sixth largest county medical society in California. Our membership consists of medical doctors and doctors of osteopathy representing all medical specialties, as well as residents in training and medical students in San Bernardino County. SBCMS' mission is to promote the science and art of medicine, the care and well-being of patients, the protection of the public health and to promote the betterment of the medical profession.

SBCMS advocates for physicians and their patients on various healthcare issues. Whether it is new legislation or health policy debates on the national, state or local level, SBCMS/CMA plays an active role. Advocacy focal points include ensuring patient access to quality healthcare and protecting the most vital relationship in healthcare: that between doctor and patient.

SBCMS' Business Partner Program (BPP) is dedicated to offering special services or discounts to SBCMS 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 SBCMS membership on an individual, group and/or practice basis.

## TERMS

Companies wishing to become Business Partners will be reviewed by the SBCMS Business Partner Committee for approval. Only top rated quality businesses with a product or service that meets the needs of physician members will be considered and acceptance will be limited to no more than three partners of like goods and services. All participating Business Partners will be contracted for a full one-year, regardless of start date.

Potential Business Partners must agree to provide discounted rates/exclusive services to SBCMS members and guarantee the prices are the lowest offered to any individual. Personal information of any SBCMS member physician may not be duplicated or shared with any organization other than the contracted organization.

The Business Partner Program in no way implies endorsement of your company.

**Potential partners must submit their completed proposal to include the following:**

### COMPANY OVERVIEW

- ◆ Provide company overview, contact information and website URL
- ◆ Describe business focus and primary market
- ◆ Geographic areas you currently serve and description of your market penetration.
- ◆ Your history, if any, of supporting issues central to the interests of SBCMS members

### PRODUCTS & SERVICES

- ◆ Describe your company's product/service
- ◆ How is your company different from what SBCMS offers or other companies with similar services?
- ◆ Describe your current pricing structure and your customer service guarantee(s)

### BUSINESS PROPOSAL

- ◆ What benefit pricing incentive does an SBCMS 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.
- ◆ Provide a list of your top 5 key customers and briefly profile each, preferably 5 practicing physicians in good standing with the Medical Board of California

# BENEFITS OF THE BUSINESS PARTNER STATUS

Our Business Partner Program plays a key role in helping us serve the physician community and increase the value of membership. Doctors look to SBCMS to provide solutions for their practice needs since they have limited time, resources and energy to do this on their own. By providing quality referrals to our partners, physicians are able to focus on what they do best...patient care.

Our levels of partnership provide extensive opportunities for targeted exposure and ongoing marketing. Approval as a Business Partner confers instant credibility with a broad physician audience throughout the county region and southern California as well as a significant jump-start for expedited relationship-building with a client base. SBCMS events offer one-on-one interaction between business partners and physicians along with their staffs and associates. In short, partnering with SBCMS is a highly effective means of reaching clients and customers that are seeking to access your services, as a company already “vetted” by the medical society.

As a Business Partner, you will receive the following:

	<b>PREMIER (\$5,000)</b>	<b>PREFERRED (\$2,500)</b>
◆ Featured spotlight web banner on SBCMS home page with link to your company website	<b>6 months per year</b> (value \$2,500)	<b>3 months per year</b> (value \$2,500)
◆ Logo Inclusion in every SBCMS e-news issue	<b>Yes</b>	<b>Yes</b>
◆ Large graphic ad in SBCMS e-news issue	<b>6x per year</b> (value \$1,500)	<b>2x per year</b> (value \$500)
◆ Phone, in-person and online company referrals by SBCMS	<b>Yes (unlimited)</b>	<b>Yes (unlimited)</b>
◆ SBCMS mailing list provided free of charge <i>(print version)</i>	<b>2x per year</b> (value \$600)	<b>1x per year</b> (value \$300)
◆ Logo and link to your website on SBCMS website under BPP page <i>(not otherwise available)</i>	<b>Yes (12 months/year)</b>	<b>Yes (12 months/year)</b>
◆ Featured presenter at SBCMS physician workshop or seminar	<b>Up to 6x per year</b> (value \$3,000)	<b>Up to 3x per year</b> (value \$1,500)
◆ Invitation to attend SBCMS socials/mixers	<b>With intro and display table</b> (value \$1,000)	<b>With intro</b> (value \$500)
◆ Social Media Promotion on Facebook, Twitter and Instagram	<b>5x times per month</b>	<b>1x per month</b>
◆ Main stage recognition at annual Officers' Installation <i>(not otherwise available)</i>	<b>Yes</b>	<b>Yes</b>
◆ Promotion in Officers' Installation Program Book	<b>Yes</b> (includes logo display & company overview—value \$775)	<b>Yes</b> includes logo display—value \$350)
◆ SBCMS BPP “seal” for inclusion in online and print ads	<b>Yes</b> (indicating Premier Partner)	<b>Yes</b> (indicating Preferred Partner)
◆ Attendance at Officers' Installation Dinner	<b>2 VIP Tickets</b> (value \$150)	<b>No</b>
◆ Guest article in SBCMS e-news featuring your company and content topic of choice <i>(must be approved by SBCMS Executive Committee)</i>	<b>2x per year</b> (value \$1,000)	<b>No</b>
◆ Exhibit table at annual High Desert Membership Meeting	<b>Yes</b> (value \$225)	<b>No</b>
◆ Exhibit table at annual General Membership Meeting	<b>Yes</b> (value \$225)	<b>No</b>
◆ SBCMS Annual Golf Tournament <i>(November)</i>	<b>2 comp registrations</b> (value \$500)	<b>No</b>
◆ Video link on SBCMS website via YouTube <i>(3 minute video to be provided by you)</i>	<b>Yes</b> (value \$3,000)	<b>No</b>

# TERMS (CONTINUED)

Correspondence for contract negotiations should be directed to:

Alison Elsner, Executive Director  
San Bernardino County Medical Society  
1859 W. Redlands Blvd., Redlands, CA 92373  
T 909.273.6000 x103 | F 909.335.4800  
E aelsner@sbcms.org

Correspondence for advertising, artwork and events should be directed to:

Jenise Solorio, Physician Relations & Communications Manager  
San Bernardino County Medical Society—Business Partner Programs  
1859 W. Redlands Blvd., Redlands, CA 92373  
T 909.273.6000 x101 | F 909.335.4800  
E jsolorio@sbcms.org



PHYSICIANS WHO CARE

## PRICE & PAYMENT

### Business Partner Program Level (select one):

Premier (\$5,000)       Preferred (\$2,500)

\*San Bernardino County Medical Society is a non-profit 501 (c)(6) organization.  
Please consult your tax advisor for proper classification of payment.  
Payment due upon approval of Business Partner Program status.

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Option:       Credit Card (VISA / MC / AMEX / DIS)  
                                  Check payable to SBCMS       Please Invoice

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

Card Number: \_\_\_\_\_

Card Billing Address/City/Zip: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amount to Charge: \_\_\_\_\_

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

