

**MEDICAL IDENTITY FRAUD ALLIANCE (MIFA)**

**MEMBERSHIP APPLICATION AND AGREEMENT**

In consideration of the right to be identified and acknowledged as a member of the Medical

Identity Fraud Alliance (MIFA), and to receive the benefits of membership, **Click here to enter text.** (the “Member”) agrees to the terms and conditions set forth below.

Membership in MIFA is available to the following entities:

1. **Health Plans** (includes health insurers, managed care organizations, self-insured/selfadministered organizations, third-party administrators and other, similar organizations)
2. **Healthcare Providers** (includes organizations that furnish, or are paid for, healthcare-related services in the normal course of business)
3. **Health Care Support Services Providers** (which includes “Business Associates” and organizations that are primarily involved in providing support services to Health Plans or Healthcare Providers)
4. **Technology Service Providers** (includes organizations that provide technology or services that assist organizations in maintaining the privacy and security of information and mitigating the impact of disclosures of information)
5. **Professional Services Providers** (includes organizations that provide professional services such as consulting or legal)

**Member Company Information**

**LINE OF BUSINESS:**

Health Plan/Payer  Healthcare Support Services Provider

Healthcare Provider  Technology Service Provider

Other (provide below):  Professional Service Firm

Click here to enter text.

**TAX STATUS (Check one):**

For-Profit/Publicly Traded

For-Profit/Privately Held

Not-for-Profit

**Click here to enter text.**

Member Organization Name

Click here to enter text.

Parent Company (if subsidiary)

Click here to enter text.

Address

Click here to enter text.

City, State, Zip

Phone Click here to enter text. Fax Click here to enter text.

Website Click here to enter text.

**Primary Contact (MIFA Council Representative)**

**Click here to enter text.**

Primary Contact Name

Click here to enter text.

Title

Click here to enter text.

Department

Click here to enter text.

Address

Click here to enter text.

City, State, Zip

Phone Click here to enter text. Fax Click here to enter text.

Email Click here to enter text.

# PLEASE DESCRIBE YOUR SERVICES

Click here to enter text.

# GEOGRAPHIC PRESENCE (Please list the states and/or countries in which you operate)

Click here to enter text.

**REASONS FOR JOINING (Check all that apply):**

Benchmarking  Public Policy

Development of Best Practices  Research

Consumer Education and Awareness  Technology Development

Industry Education and Awareness  Organizational and Thought Leadership

Other:  Improved Brand Visibility

Click here to enter text.

# MEMBERSHIP DUES

Annual dues are based on the Member’s market capital (if publicly traded) or net revenue (if privately held). The Member acknowledges that a minimum of 10% of its Membership dues (the percentage to be determined annually by the MIFA Board of Directors) may be used to fund the MIFA Institute for consumer education and engagement. The Institute is a 501(c)(3) entity.

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| --- | --- |
| **Market Capital or Net Revenue (check one)** | **Annual Dues** |
| $50B+ | $ 20,000 |
| $10B - $49.9B | $ 10,000 |
| $500M - $9.99B | $ 15,000 |
| $100M - $499.99M | $ 5,000 |
| Under $100M | $ 2,500 |

The Medical Identity Fraud Alliance (MIFA) is a 501(c)(6) organization. All, or a portion, of your dues that are attributed to non-lobbying activity may be tax deductible.

# PRESERVATION OF COMPETITION

* Membership in MIFA will not be used for any anti-competitive purpose.
* Members will abide by MIFA’s Antitrust Policy.
* All MIFA activities will follow the agenda established by the MIFA management.
* No cost, price or confidential contract or service level agreement information will be disclosed or discussed during MIFA activities.

# USE OF INFORMATION

* MIFA provides a unique opportunity for industry organizations, service providers, government agencies, law enforcement and associations to meet and collaborate to address issues relative to medical identity fraud including regulatory compliance, security, fraud and risk management.
* Membership in MIFA will not be used for any direct sales and marketing.
* All public announcements regarding MIFA discussions and activities must be approved in advance by MIFA management, after consultation with the participants. Information provided during public MIFA activities will be considered non-confidential unless identified as confidential at the time of disclosure.
* Each Member of MIFA agrees to maintain in confidence information identified as confidential at the time of disclosure with at least the same degree of care that the Member uses to protect its own confidential information of a like type and in no event less than reasonable care. This obligation will not, however, apply to information that is in the public domain, is previously known to or independently generated by the recipient, or is received by recipient from a thirdparty without breach of any obligation owing to the disclosing party.
* Generally, information exchanged within MIFA’s closed membership environments, such as working groups, is considered confidential unless otherwise indicated.
* Each Member is solely responsible for the information it provides during its participation in MIFA activities. MIFA and its management make no representations or warranties as to the accuracy of any information exchanged during MIFA activities.

# PUBLICATION OF PROCEEDINGS

MIFA reserves the right to publish all documents generated by MIFA, and all records of proceedings of MIFA, and may publish any non-confidential information from such proceedings in its discretion.

# GENERAL

These terms and conditions will be governed by the laws of the District of Columbia as a contract made and performed in the District. The exclusive jurisdiction for any dispute hereunder will be in the federal or state courts of the District of Columbia. These terms and conditions may be revised by the Alliance’s management, but only prospectively. Alliance members will always have the option of withdrawing before any changes take effect.

**Annual membership will be effective upon date of execution of this Agreement.**

# MEMBERSHIP AGREEMENT SIGNATURE

I understand that by providing my company’s mailing address, email address, telephone and fax numbers, we consent to receive communications sent by or on behalf of the MIFA or the MIFA Institute by email, regular mail, or telephone.

Click here to enter text. Click here to enter text.

Company Representative Signature Date

Click here to enter text.

Print Name

Click here to enter text.

Title

# BILLING CONTACT

**Click here to enter text.** Click here to enter text.

Billing Contact Name Billing Contact Phone Number

Click here to enter text.

Billing Contact Email

**Please return your application to Ann Patterson, VP & Program Director, Ann@MedIDFraud.org.**

**You will receive a counter-signed copy of this agreement.**

**COMPANY NAME AND LOGO RELEASE FORM**

Members and Strategic Partners of the Medical Identity Fraud Alliance (MIFA) are asked to approve the use of their organization’s name and logo in MIFA and the MIFA Institute informational, promotional and other materials related to the organizations.

**Please read, modify as appropriate and sign below. You may attach modifications such as corporate branding guidelines. Return the signed form to Ann Patterson,** [**Ann@MedIDFraud.org**](mailto:Ann@MedIDFraud.org)**.**

**Please provide two logo files, one jpeg or gif file sized to 176 × 84 and another in eps vector ile format. Email these files to Ann@MedIDFraud.org.**

**Click here to enter text.** hereby grants to MIFA and the MIFA Institute the non-exclusive right, but not the obligation to use and include all or part of the organization’s name, trademark(s) and/or logo(s) of the organization listed below, limited to the following materials and conditions:

1. Banner on the following websites with the organization’s name and logo appearing as a Member or Strategic Partner organization: MIFA and MIFA Institute website pages http://www.medidfraud.org and/or http://www.mifainstitute.org.
2. MIFA marketing documents, where the organization’s name and/or logo would appear within either the “Members” or “Strategic Partners” category.
3. Press releases are subject to the approval of your organization prior to any such release. Any other use of your organization’s name, logo, domain names/URLs, symbols, or other reference to the organization shall be subject to prior written consent by you. MIFA will at all times observe and comply with all specified requirements of the Organization and applicable law with reference to the proper use of the Licensed Marks.
4. MIFA agrees that, (i) the organization’s Licensed Marks are owned solely and exclusively by Organization or its affiliate, (ii) except as set forth in this Agreement, MIFA has no rights, title or interest in or to any of the Licensed Marks, (iii) all use of the Licensed Marks by MIFA shall inure to the benefit of the Organization.

Click here to enter text. Click here to enter text.

Authorized Company Representative Signature Date

Click here to enter text.

Print Name

Click here to enter text. Click here to enter text.

Title Company Name