

DISCOUNT MEDICAL CARD PROGRAM ORGANIZATION

Fill in "Located" to identify supporting documentation

Return checklist with initial application or with renewal changes.

Company Name _____

Date _____

CRITERIA	CRITERIA SPECIFICS	LOCATED	Dept Use Only	
			YES	NO
Application Form	Completed – are there explanations for any boxes checked “no”	N/A		
	Contact name, telephone, and email address	N/A		
	EIN or FIN	N/A		
	Signed by President or other authorized representative	N/A		
IC 27-17-2-1(1)	Entity must be authorized to transact business in Indiana			
Fee IC 27-17-2-3	\$500.00 Initial application or \$250.00 renewal application			
Legal				
Documents IC 27-17-2-2(b)(2)(A) & (B)	Include copy of articles of incorporation or other organizing documents certified by state of domicile; Include copy of bylaws signed by Secretary of the company with official company seal			
Governing Board IC 27-17-2-2(b)(2)(C)(i) & (ii)	Submit information on key governing personnel and officers			
Operations IC 27-17-2-2(b)(2)(D)	Submit statement describing entity, facility and personnel, and description of discounted services			
Contractual Agreement IC 27-17-2-2(b)(2)(F)	Submit copy of contract between DMPO and key individuals			
Contract IC 27-27-2-2(b)(2)(G)	Submit contract between DMPO and individuals for program functions			
Service of Process IC 27-17-2-2(b)(2)(L)	Provide name and address of agent for service of process			
Marketing				
Program Providers IC 27-17-2-2(b)(2)(E)	Provide list of Indiana Program Providers			
Marketing Plan IC 27-17-2-2(b)(2)(H)	Submit description of marketing methods and distribution system			
DMPO Certification of Marketing Materials IC 27-17-12-1	Submit statement certifying DMPO reviewed and approved all marketing materials used by marketers.			
Marketers Agreement IC 27-17-12-2(1)	Submit statement certifying marketers have signed written agreement with DMPO before beginning marketing activities.			
Toll Free Access # IC 27-17-2-2(b)(2)(I)	Provide toll free number available for cardholder use at least 40 hours per week.			
Cancellation Policy IC 27-17-2-2(b)(2)(J) IC 27-17-8	Submit copy of cancellation and refund policy for providers and cardholders.			
Complaint Procedure IC 27-17-2-2(b)(2)(K)	Submit copy of complaint procedures for providers and cardholders			
Marketing Materials IC 27-17-6	All advertisements, marketing materials, brochures, and discount cards shall be approved by IDOI before use. Submit separate Marketing Forms Checklist.			
Financial Requirements IC 27-17-9				
Surety Bond IC 27-17-9-2 & 3	Submit proof of Surety Bond equal to at least \$35,000 or provide cash deposit to IDOI.			
Annual Financial Report IC 27-17-2-2(b)(2)(M)	Submit copy of most recent annual financial report certified by an officer.			
Annual Report Form IC 27-17-7-1 IC 27-17-7-2	Annual Report Form to be filed with the IDOI not later than 3 months after the end of DMPO fiscal year.			