

FMA Products/Services Vendor Questionnaire

A. The Product/Service

1. Describe product/service (marketing materials may be provided)

2. Is the product or service available on a statewide basis? Yes No

3. Has the proposed product/service been endorsed by other medical societies or industry associations? If yes, list.

4. Are there any relevant state laws regulating the sale of the product/service?

5. What is the anticipated demand for the product/service in Year 1? Year 2? Year 3? What is the basis for these projections?

Year 1: _____

Year 2: _____

Year 3: _____

B. The Vendor of the Product/Service

1. How long has the company been in business? _____

2. How long has the company been offering the specific product/service to Florida physicians? _____

3. Is the product/service available to all Florida physicians regardless of geography or specialty? If not, please explain.

4. Describe the extent to which the company has the technical, organizational and marketing skills to deliver the product/service.

5. Describe your customer service/complaint handling system.

6. Is a toll-free 800 number or electronic access (email, web-site) available for FMA members? If not, how is a complaint/question handled?

Toll-free number: _____

C. The Competition

1. Describe the competition for this product/service.

2. Describe the extent to which your product/service is of better quality, better-funded, and better-delivered in a cost efficient manner, compared to its competition.

3. Will the price of the proposed product/service be less than the price FMA members could obtain for themselves? Describe incentives arrangements.

D. Marketing/Promotion

1. Will your company:

- a). Agree to have all copy pre-approved by the FMA when promotion refers in any way to the FMA? Yes No
- b). Purchase advertising in FMA Magazine, FMA News (weekly electronic newsletter) or other FMA publications? Yes No

2. Describe how the product/service will be promoted.

E. Financial/Legal Considerations

1. Are there any pending and past lawsuits that could affect viability of company or indicate concerns regarding quality or ability to perform?

2. Ownership/Current and future funding sources. Who are principal owners of the company? (List all owners with greater than a 5% stake in the company.) How is the company financed: debt/equity/combination? How will future growth be financed? Is the cost of capital high? Is there potential that the company will have to cede control to investors?

3. Attach audited financial statements (or equivalent) that can be submitted for review.

4. Provide certificates of insurance.

5. What are the company's plans for expansion? Is a merger in the offing? Does the company have plans to sell all or part of the company in the foreseeable future?

6. Is the company involved in any operational, financial, or significant vendor partnerships? Are significant portions of operations outsourced?

F. Provide five physician (solo/small-group practice) references.

G. Provide a financial proposal for the FMA that recognizes value of the FMA endorsement.

Please complete and submit to:
Cortney Jones, Business Development Manager
CJones@fmedical.org

