

**Indiana Department of Insurance
Discount Medical Card Program Organization
Marketing Forms Checklist**

(Checklist must be submitted with a new filing or changes to forms)

Company Name _____ **Filing Date** _____

Filing Type:

(Marketing Materials, Advertisements, Brochures, or other literature to be used)

Form number(s) _____

STATUTE/REGULATION	REQUIREMENTS	LOCATED
General Filing Requirements		
Fees	\$35 Filing Fee	
Filings IC 27-17-6	All advertisement, marketing materials, or brochures shall be filed and approved by the IDOI before using.	
Prohibited Activities IC 27-17-4-1 Insurance Terms	All marketing materials, advertisements, brochures, discount cards or other literature to be presented to prospective cardholders may NOT include use of the following terms: Insurance (except as a disclaimer of a relationship between the DPMO card benefits and insurance, or as needed for the description of an insurance product connected to the DMPO card) Health Plan Coverage Co-pay Co-payment Pre-existing Condition Guarantee issue Portability Premium Underwriting Or any term that could reasonably mislead a person to believe that the DMPO card benefits are health insurance.	
Other Prohibited Activities IC 27-17-4-1(2-6)	Implement restrictions on provider access, waiting periods, or notification periods. Pay a provider a fee for medical services. Collect or accept money from cardholder for payment to a program provider. Misrepresent discount medical card program discounts. Misrepresent a physician as a program provider.	
Required Disclosures IC 27-17-5	All discount medical card program advertisements, marketing materials, brochures, or other literature to be presented to prospective cardholders must contain on the first page the following disclosures in at least 12 point font type:	
IC 27-17-5-1(a)(1)	The DMPO card program is not health insurance.	
IC 27-17-5-1(a)(2)	The DMPO card program provides discounts for medical services rendered by program providers.	
IC 27-17-5-1(a)(3)	The DMPO card program does not make payments directly to program providers.	
IC 27-17-5-1(a)(4)	The DMPO card program will make available, before purchase and upon request, a list of all program providers to include the name, city, state, and medical specialty in cardholder's service area.	

IC 27-17-5-1(a)(5)	The cardholder is obligated to pay for all medical services other than the discount afforded by the DMPO card.	
IC 27-17-5-1(a)(6)	The DMPO's name and location and customer service toll free number.	
Identification Card IC 27-17-5-1(c)	The front of ID card or other materials identifying an individual as a cardholder must include in boldface, 8 point type, " This is not insurance ".	
Cardholder Agreement IC 27-17-5-2		
IC 27-17-5-2(a) IC 27-17-5(2)(b)(1)	The written agreement between the cardholder and the DMPO shall: Specify the cardholders benefits under the discount medical program	
IC 27-17-5-2(b)(2)	Specify excluded medical services	
IC 27-17-5-2(b)(3)	Specify that the DMPO will continuously make available to the cardholder, through a toll free telephone number, the Internet or in writing upon request a list program providers in the cardholder's service area to include name, address, telephone number, and specialty.	
Cancellation of Cardholder Agreement IC 27-17-8		
IC 27-17-8-1(a) IC 27-17-8-1(b)	The agreement may be canceled for any reason by the cardholder within thirty (30) days after the date the cardholders ID card is delivered OR a period that exceeds the period specified, as provided in the written agreement. Cardholder cancelling a written agreement under the above terms shall receive a full refund of fees paid less a nominal fee for enrollment card.	
Cardholder Notice to Cancel IC 27-17-8-2(1) IC 27-17-8-2(2)	A cardholder must receive with the identification card a notice regarding the cancellation terms. No fee can be collected after cardholder provides notice of cancellation	