



**ALLEGHENY COUNTY  
MEDICAL SOCIETY**

713 Ridge Avenue • Pittsburgh, PA 15212  
p: 412.321.5030 • f: 412.321.5323

## Physician Mailing List Service

Attached is a user agreement and label request form for your information. If you find the terms acceptable, please fill in the top of the form and the portion on the bottom marked "REQUESTER", sign and return. The Society requires a sample of your mailing for review and your payment in advance.

There is a set-up fee of \$75.00 for each listing requested plus a charge of \$.05 per label.

You will be contacted with the exact cost, after we receive the completed label request.

**Please note that any figure provided represents the cost of one list. If you require additional copies, you will be billed accordingly.**

**Please return the completed forms to:**

Allegheny County Medical Society  
713 Ridge Avenue  
Pittsburgh, PA 15212

**Or Fax : 412-321-5323**

**USER AGREEMENT**

This AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between the Allegheny County Medical Society (hereinafter called "ACMS") and \_\_\_\_\_ (hereinafter called "REQUESTER").

**WITNESSETH THAT:**

For and in consideration of the mutual covenants herein contained, the ACMS and the REQUESTER agree as follows:

(1) REQUESTER has asked for, and the ACMS has agreed to supply subject to the conditions set forth in this Agreement, ACMS mailing labels or lists to be used by the REQUESTER for the following purposes: \_\_\_\_\_

(2) The ACMS mailing labels or lists will be provided with the understanding that:

- (a) All information on the mailing labels or lists will be treated by REQUESTER with total confidentiality;
- (b) Such information is granted solely to REQUESTER and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth in paragraph 1 above;
- (c) No mailing label or list information will be released, copied, extracted or otherwise usurped for use by the REQUESTER or other party, entity, organization or government agency; and
- (d) Upon a breach of any of the foregoing covenants, upon the completion of the purpose set forth in paragraph 1 above, or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such mailing label or list information by REQUESTER, such license to use and possess the mailing labels or lists shall be automatically and immediately terminated and the mailing labels or lists and any information contained thereon or, in any way, derived therefrom shall be returned to the ACMS immediately, but, in no event, later than 48 hours after such termination.

(3) Although the ACMS endeavors to maintain its mailing labels and lists with information that is complete, current and timely, because of possible reporting and processing delays, no representations or warranties as to the accuracy or completeness can be or is made. Therefore, REQUESTER hereby releases ACMS, its agents and servants, from any and all liability whatsoever for inaccurate or incomplete information in the ACMS mailing labels or lists.

(4) For the ACMS supplying its mailing labels or lists under the conditions and limitations set forth herein, REQUESTER will pay the prevailing rates at the time the labels or lists are requested.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year first above written.

**ALLEGHENY PHYSICIANS SERVICE CORPORATION**

**REQUESTER**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print

\_\_\_\_\_  
Representing Firm

\_\_\_\_\_  
Address, Phone & FAX

## I. LABEL REQUESTOR INFORMATION

ORGANIZATION AND CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

PURPOSE OF MAILING \_\_\_\_\_

DATE NEEDED BY \_\_\_\_\_

### II. MAILING LABEL ARRANGEMENT

- \_\_\_\_\_ ZIP CODE ORDER (*Default*)
- \_\_\_\_\_ SPECIAL ORDER (Please call for special requirements)
- \_\_\_\_\_ ALL MEMBERS Approx. 3000
- \_\_\_\_\_ SELECTED MEMBERS (Complete the entire form)

### III. MEMBER STATUS

- \_\_\_\_\_ ACTIVE MEMBERS 1900 (*Default*)
- \_\_\_\_\_ SENIOR ACTIVE MEMBERS 60
- \_\_\_\_\_ RESIDENT OR FELLOW MEMBERS 220
- \_\_\_\_\_ RETIRED MEMBERS 500
- \_\_\_\_\_ STUDENT MEMBERS 380
- \_\_\_\_\_ PRACTICE MANAGERS 150
- \_\_\_\_\_ NON-MEMBERS 3300

### IV. SPECIALTY SELECTION

- \_\_\_\_\_ ALL SPECIALTIES
- \_\_\_\_\_ SELECTED SPECIALTIES (PLEASE CHECK THE DESIRED SPECIALTY CODES)

<input type="checkbox"/>	ADDICTION MEDICINE
<input type="checkbox"/>	AEROSPACE MEDICINE
<input type="checkbox"/>	ALLERGY
<input type="checkbox"/>	ALLERGY & IMMUNOLOGY
<input type="checkbox"/>	ANATOMIC & CLINICAL PATHOLOGY
<input type="checkbox"/>	ANATOMIC PATHOLOGY
<input type="checkbox"/>	ANESTHESIOLOGY
<input type="checkbox"/>	BLOOD BANKING/TRANSFUSION MEDICINE
<input type="checkbox"/>	CARDIOTHORACIC SURGERY
<input type="checkbox"/>	CARDIOVASCULAR DISEASE
<input type="checkbox"/>	CHILD AND ADOLESCENT PSYCHIATRY
<input type="checkbox"/>	CHILD NEUROLOGY
<input type="checkbox"/>	CLINICAL CARDIAC ELECTROPHYSIOLOGY
<input type="checkbox"/>	CLINICAL PATHOLOGY
<input type="checkbox"/>	CLINICAL PHARMACOLOGY
<input type="checkbox"/>	COLON & RECTAL SURGERY
<input type="checkbox"/>	CRITICAL CARE MEDICINE (ANESTHESIOLOGY)
<input type="checkbox"/>	CRITICAL CARE MEDICINE (INTERNAL MED)
<input type="checkbox"/>	CYTOPATHOLOGY
<input type="checkbox"/>	DERMATOLOGY
<input type="checkbox"/>	DIABETES
<input type="checkbox"/>	DIAGNOSTIC RADIOLOGY
<input type="checkbox"/>	EMERGENCY MEDICINE
<input type="checkbox"/>	ENDOCRINOLOGY, DIABETES AND METABOLISM
<input type="checkbox"/>	FAMILY PRACTICE
<input type="checkbox"/>	GASTROENTEROLOGY
<input type="checkbox"/>	GENERAL PRACTICE
<input type="checkbox"/>	GENERAL PREVENTIVE MEDICINE
<input type="checkbox"/>	GENERAL SURGERY
<input type="checkbox"/>	GERIATRIC MEDICINE (INTERNAL MEDICINE)
<input type="checkbox"/>	GYNECOLOGICAL ONCOLOGY
<input type="checkbox"/>	GYNECOLOGY
<input type="checkbox"/>	HEMATOLOGY (INTERNAL MEDICINE)
<input type="checkbox"/>	INFECTIOUS DISEASES
<input type="checkbox"/>	INTERNAL MEDICINE
<input type="checkbox"/>	MATERNAL & FETAL MEDICINE
<input type="checkbox"/>	MEDICAL ONCOLOGY
<input type="checkbox"/>	NEONATAL-PERINATAL MEDICINE
<input type="checkbox"/>	NEPHROLOGY

<input type="checkbox"/>	NEUROLOGICAL SURGERY
<input type="checkbox"/>	NEUROLOGY
<input type="checkbox"/>	NEUROPATHOLOGY
<input type="checkbox"/>	NEURORADIOLOGY
<input type="checkbox"/>	NUCLEAR MEDICINE
<input type="checkbox"/>	NUTRITION
<input type="checkbox"/>	OBSTETRICS & GYNECOLOGY
<input type="checkbox"/>	OCCUPATIONAL MEDICINE
<input type="checkbox"/>	OPHTHALMOLOGY
<input type="checkbox"/>	ORTHOPEDIC SURGERY
<input type="checkbox"/>	OTOLARYNGOLOGY
<input type="checkbox"/>	OTOLOGY/NEUROTOLOGY
<input type="checkbox"/>	PAIN MANAGEMENT (ANESTHESIOLOGY)
<input type="checkbox"/>	PEDIATRIC RADIOLOGY
<input type="checkbox"/>	PEDIATRIC CRITICAL CARE MEDICINE
<input type="checkbox"/>	PEDIATRIC ENDOCRINOLOGY
<input type="checkbox"/>	PEDIATRIC GASTROENTEROLOGY
<input type="checkbox"/>	PEDIATRIC HEMATOLOGY/ONCOLOGY
<input type="checkbox"/>	PEDIATRIC NEPHROLOGY
<input type="checkbox"/>	PEDIATRIC ORTHOPEDICS
<input type="checkbox"/>	PEDIATRIC PULMONOLOGY
<input type="checkbox"/>	PEDIATRIC RADIOLOGY
<input type="checkbox"/>	PEDIATRIC SURGERY (SURGERY)
<input type="checkbox"/>	PEDIATRICS
<input type="checkbox"/>	PHYSICAL MEDICINE & REHABILITATION
<input type="checkbox"/>	PLASTIC SURGERY
<input type="checkbox"/>	PSYCHIATRY
<input type="checkbox"/>	PSYCHOANALYSIS
<input type="checkbox"/>	PUBLIC HEALTH AND GENERAL PREVENTIVE
<input type="checkbox"/>	PULMONARY DISEASE
<input type="checkbox"/>	RADIATION ONCOLOGY
<input type="checkbox"/>	RADIOLOGY
<input type="checkbox"/>	REPRODUCTIVE ENDOCRINOLOGY
<input type="checkbox"/>	RHEUMATOLOGY
<input type="checkbox"/>	UROLOGY
<input type="checkbox"/>	VASCULAR AND INTERVENTIONAL RADIOLOGY
<input type="checkbox"/>	VASCULAR SURGERY

## V. ZIP CODE SELECTION

**ALL ZIP CODE**

**SELECTED ZIP CODES (PLEASE CIRCLE THE ZIP CODES)**

PLEASE NOTE ONLY ZIP CODES WITH 2 OR MORE PHYSICIANS LISTED

<b>ZIP CODE</b>
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	15001
	15003
	15005
	15009
	15010
	15012
	15015
	15017
	15022
	15024
	15025
	15037
	15044
	15063
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	15147
	15201

<b>ZIP CODE</b>
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	15202
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	15260
	15261

<b>ZIP CODE</b>
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	15301
	15317
	15370
	15401
	15501
	15601
	15632
	15642
	15644
	15650
	15666
	15668
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	15801
	15901
	15905
	16001
	16046
	16066
	16101
	16105
	16127
	16146
	16148
	16201
	16323
	16335
	16601
	16602
	16673
	16830
	17033
	19104
	19107
	26003
	26062
	26505
	26506
	43952

Count column lists total number of physicians with primary offices in the specified zip codes.