Oregon Department of Consumer and Business Services
Division of Financial Regulation
350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
Email: retainer.medical@dcbs.oregon.gov
dfr.oregon.gov

Retainer medical practice application

Applicant information

Name of applicant: _____

Domicile: _____ Date established: _____ FEIN: _____

Assumed business name: _____

Other identities (if applicable): _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Physical address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Administrative contact person: _____

Address of administrative contact: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Name of agent at registered office: _____

Address of registered office: _____

City: _____ State: _____ ZIP: _____

List the names and Oregon license numbers of all providers delivering services through the retainer medical practice:

List the physical and mailing addresses, phone numbers, fax numbers, email addresses, and website addresses for each location providing retainer medical services:

Experience and expertise (OAR 836-200-0305(1)(C))

1. Describe the background or training of the applicant that provides the necessary business experience or expertise to operate a retainer medical practice, including the number of years the applicant has been in practice. Refer to OAR 836-200-0305(1)(C)(iv) for more information.

2. List other jurisdictions in which the applicant currently holds a license, registration, or certification to transact business as a retainer medical practice or similar entity, or has held such a license or certification within 10 years before the date of the application.

3. Has the applicant or anyone with control of the applicant:

   Had any license or registration denied, suspended, revoked, or not renewed in this or any other state? ☐ Yes ☐ No

   Otherwise ever been the subject of an enforcement action taken by a licensing or registration agency? ☐ Yes ☐ No

   For any action taken, provide the name and address of the licensing or registration agency, the date of the action taken against the license or registration, and a description of the reason for the action taken against the license or registration.

4. Provide a biographical affidavit for each member of the board of directors, executive committee, or other governing board or committee of the applicant.

Financial responsibility (OAR 836-200-0305(1)(B))

1. Has the applicant filed for bankruptcy within the past 25 years? ☐ Yes ☐ No

   If yes, provide reasons why the bankruptcy should not be used by the director as evidence that the applicant is not financially responsible and form the basis for a denial of a certification.

2. Provide the applicant's detailed business plan (refer to Guidelines for the Business Plan) that must include both of the following:
   a. A discussion of how the applicant intends to monitor the practice to ensure the services promised under the retainer medical agreement are provided in a timely manner.
   b. A clear description of how the retainer medical practice will ensure repayment of retainer medical fees paid in advance if the retainer medical practice is unable to provide the services promised under the retainer medical agreement.

3. Attach a copy of any marketing materials and the retainer medical agreement that will be used for the 12-month certification period and each subsequent renewal. The agreement must include provisions that obligate the retainer medical practice to reimburse patients for fees paid in advance in the event the practice is unable to provide the services promised under the agreement.

Applicant attestations:

1. Providers delivering services under the retainer medical agreement are licensed or certified under ORS chapters 677, 678, 684, or 685 and the services provided will be limited to primary care services allowed within the scope of such licenses or certifications. [OAR 836-200-0305(1)(c)(A)(i)]
2. The applicant is not and has never been authorized in this or any other state to transact insurance or act as an insurer, managed care organization, health care services contractor, or similar entity. [OAR 836-200-0305(1)(c)(A)(ii)]
3. The applicant is not controlled by any person authorized in this or any other state to transact insurance or act as an insurer, managed care organization, health care services contractor, or similar entity. [OAR 836-200-0305(1)(c)(A)(iii)]
4. The applicant will structure the retainer medical practice to ensure that all services promised under the retainer medical agreement are within the capacity of the practice to provide in a timely manner. [OAR 836-200-0305(1)(c)(A)(iv)]
5. The applicant is financially responsible and has the necessary business experience or expertise to operate the practice. [OAR 836-200-0305(1)(c)(A)(v)]
6. The applicant will not discriminate based on race, religion, gender, sexual identity, sexual preference, or health status. [OAR 836-200-0305(1)(c)(A)(vi)]
7. The applicant is authorized to conduct business in the state of Oregon and has complied with all registration requirements of this state. [OAR 836-200-0305(1)(c)(A)(vii)]

I, _____ ,make the foregoing attestations on behalf of the applicant retainer medical practice. I am authorized to make such attestations by virtue that I hold the _____ position of with respect to the applicant.

Signature: _____ Date: _____

We _____ _____
(Name) (Position title)

And _____ _____
(Name) (Position title)

certify that we are officers with responsibility for the operation of the organization named in the foregoing application, that we know the contents thereof, and each of the statements and answers made is true and complete to the best of our knowledge and belief. Further, the organization submits to the jurisdiction of any court of competent jurisdiction in Oregon for the adjudication of any issues arising out of its retainer medical practice, agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal.

Officer 1 signature: _____ Date: _____

Officer 2 signature: _____ Date: _____