



Lane County Medical Society

P.O. Box 7192 Springfield OR 97475 || (541) 686-0995 || Fax (541) 687-1554
info@lcmedsociety.com || www.lcmedsociety.com

Dedicated to adding value to your LCMS Membership

LCMS serves as the local physician voice regarding medical issues in Lane County.

Benefits & Services

Provider Wellness Program—Confidential Counseling: The Lane County Medical Society's Provider Wellness Program addresses the barriers that typically prevent providers from getting the assistance they desire. The program provides counseling services that are tailored to providers' needs: it is quickly accessible at the convenience of the provider, confidential, free, private and minimally constrained by record-keeping. Providers can call **541-686-0995** to make an appointment. (**541-345-2800 after normal business hours.**)

Medical Malpractice Support: Medical malpractice support is available to physicians before, during and after malpractice litigation.

Society Membership Meetings: These gatherings offer the opportunity to experience professional collegiality, network opportunities and become educated on important medical and societal issues. Dinner and program are complimentary to members (**annual \$175 value.**)

LCMS Membership Photo Directory: The medical community's "gold standard" reference directory, members receive one complimentary "physician version" including LCMS member spouse names and home telephone numbers (**\$40 value.**)

Publications and News: *Of Interest*, the monthly publication of the society, reports on the latest local, state and national news relevant to the practice of medicine in Lane County. The publication is complimentary to members.

Medical Personnel: LCMS medical staffing is handled through **Favorite Healthcare Staffing** and is the solution to all your temporary and permanent staffing needs. The staffing representative pre-screens candidates, conducts personal interviews to determine skills, and verifies credentials, licenses, references and experience. Criminal background checks and drug tests are also available. Contact Favorite Healthcare Staffing at **1-866-877-3589**.

Banking Packages: Lane County Medical Society endorses **Oregon Pacific Bank**. Professional banking packages, preferred loan rates, and preferred rates on credit card processing are available to members.

Social Events: LCMS hosts social events encouraging collegiality, including the **Annual Golf Tournament** and **themed entertainment and musical performances** for the whole family; available only to LCMS members and their guests.

Grievance Resolution: LCMS assists in resolving complaints between members and patients; this service is limited to members only.

Community Advocacy: LCMS develops and funds programs and initiatives to address public health issues such as gun safety, disaster preparedness, access to healthcare, vaccinations, obesity, disease outbreaks and many others.

Local, State, National Advocacy/Representation: LCMS leaders advocate for physician/patient interests at the local, state, and national levels.

Appointment Support: LCMS supports physician appointments to state and local boards and commissions.



Lane County Medical Society

Membership Classification Definitions

Active Membership - \$295 Annual Dues

Physicians who practice or reside in Lane County. The privileges of this membership category include voting, committee membership, ability to hold office, meals at monthly membership meetings, inclusion in special discount plans, a subscription to the society's monthly newsletter and one complimentary membership directory each year. All new or rejoining members pay a building assessment of \$150 at the time of application to maintain the society's historic headquarters.

Associate Membership - \$221.25 Annual Dues

Physicians who are full-time employees (or research scientists) of any government agency or low-income institution, and receive no significant compensation outside of that employment; or active member of another county medical society who wishes to belong to LCMS or a physician practicing in outlying areas of Lane County, such as Florence. Associate membership includes all the privileges of active membership. All new or rejoining members pay a building assessment of \$150 at the time of application to maintain the society's historic headquarters.

Part-time Membership - \$221.25 Annual Dues

Physicians who practice an average of more than four hours but fewer than twenty hours per week. Part-time membership includes all the privileges of active membership. All new or rejoining members pay a building assessment of \$150 at the time of application to maintain the society's historic headquarters.

Retired, Resident/Intern and Inactive Membership - \$35.00 Annual Mailing Fee

Retired, resident and inactive members shall not hold office or vote. They may be included in discount plans. They pay for society meeting dinners and programs, and for membership directories. All new or rejoining members pay a building assessment of \$150 at the time of application to maintain the society's historic headquarters.

- **Retired:** A physician who is fully retired from the practice of medicine or practices less than four hours per week. Retired members receive a complimentary subscription to the society's newsletter.
- **Resident:** A physician who is a medical resident or intern in a training program in Lane County.
- **Inactive:** A physician who has previously been a member who is temporarily residing and/or practicing outside of Lane County and plans to return to medical practice in Lane County and assume his/her former membership in this society; or is temporarily disabled such that he/she cannot practice medicine.

No Dues Increase since 1984!



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Membership Application

Practice Information (Required) Estimated Start Date: _____ NPI # _____

Physician Name _____ M.D. D.O.
First Name M.I. Last Name

Group Name/Medical Group _____ Office Manager _____

Primary Address _____
Street/P.O. Box Suite # City State Zip

Primary Office PH# _____ Primary Office Fax# _____ Office E-mail Address _____

Education and Licensing Information (Required)

Specialty _____ Board Certified? Yes No Eligible

Subspecialty 1 _____ Subspecialty 2 _____ Board Certified? Yes No Eligible
ABMS (American Board of Medical Specialties) specialties.

Medical School _____ Year of Graduation _____
Facility Name City State

Internship _____ From ____/____/____ To ____/____/____
Facility Name City State Mo. Day Yr. Mo. Day Yr.

Residency _____ From ____/____/____ To ____/____/____
Facility Name City State Mo. Day Yr. Mo. Day Yr.

Fellowship _____ From ____/____/____ To ____/____/____
Facility Name City State Mo. Day Yr. Mo. Day Yr.

Oregon Licensure Date _____ License # _____ (Please attach a copy.)

Have you been subject to disciplinary review or action by either of the following?
State Board of Medical Examiners Yes No County or State Medical Society Yes No (If 'yes', please attach explanation.)

Personal Information (Required) Male Female

Birthplace _____ Birthdate ____/____/____ Language(s) spoken _____

Spouse/Spousal Equivalent Name _____ Cell Phone _____

Home Address _____ Home Phone _____

Emergency Name/Contact # _____ Personal Email Address _____

I, _____ (please print) hereby apply for membership in the Lane County Medical Society and agree to abide by its bylaws and policies and the Principles of Medical Ethics as promulgated by the American Medical Association.

Signed _____ Date ____/____/____

Membership Classification (check one) Active \$295 Associate \$221.25 Part-time \$221.25 Retired, Resident/Intern & Inactive \$35.00
Annual Dues:
(For status definitions, please see attachment)

Membership Payment

Membership Classification Amount: \$ _____

Additional optional tax-deductible donation to the LCMS Physician Wellness Program (A program that enhances the well-being of physicians): \$ _____

Total Amount Enclosed: \$ _____

Office Use Only:
Date Paid: _____
Approved: _____

Please make checks payable to Lane County Medical Society or:

VISA MASTERCARD _____ Exp. Date _____ Signature _____

***NOTE:** In order to complete your membership application, (1) please attach a copy of your Oregon medical license and (2) email a professional (300 dpi) photo to info@lcmedsociety.com.