

group practice journal

PUBLICATION OF THE AMERICAN MEDICAL GROUP ASSOCIATION®

REACH THE LEADERS OF EVERY MEDICAL GROUP IN THE COUNTRY



2015 RATE CARD



REACH

the leaders of every medical group in the country

For over 60 years, the *Group Practice Journal* has been providing dynamic business and operational solutions to physician executives, physicians, and administrators at every medical group, IPA, ACO, and integrated delivery system in the country. With a circulation of over 70,000, the *Group Practice Journal* offers an unparalleled reach into the healthcare community.

Primary readers of the *Group Practice Journal* are real decision makers:

According to the June 2013 Readex survey, 63 percent of readers have one of the following titles: Physician Administrator, Administrator, Medical Director, President, CEO, or CFO in a medical group with a mean of 91 physicians practicing in the group; 73 percent indicated that they are involved in their organization's purchases of supplies and equipment.

The organizations are looking to make major investments in products and services in the coming year:

22 percent said they would purchase or upgrade their electronic medical record system, clinical messaging system, or practice management system; 21 percent mentioned data warehouse/data mining and clinical information systems; and 13 percent mentioned facilities design and enhancement.

Most importantly, readers look to the *Group Practice Journal* for business solutions:

92 percent of readers rated the publication useful in their work and 64 percent indicated that they pass their copy on to one or more additional readers (the mean is 1.4)!

2015 Editorial Calendar

The *Group Practice Journal* offers strategies and best practices from the leading medical groups in the country. Penned by healthcare professionals, articles offer dynamic, real-world business solutions to physician leaders and administrators at medical groups nationwide. Readers look to the publication to learn strategies and solutions from peers in the profession, healthcare thought leaders, and industry experts. Topics range from financial operations, contracting strategies, and compensation issues to regulatory compliance, groundbreaking technology, and innovative disease management.

2015

January: Technology

New technology is giving medical groups new tools to help physicians deliver cost-efficient, quality care. This issue will focus on ways groups are implementing technological solutions to clinical and operational challenges.

Submission Deadline: November 14, 2014

February: Leadership

Medical groups all face the challenges of effectively leading in times of crisis, as well as developing leaders within their organizations. This issue will feature exemplary leadership that has revitalized organizations as well as recruitment and retention strategies.

Submission Deadline: December 3, 2014

Bonus Distribution: AMGA 2015 Annual Conference

March: Change Management

In the evolving world of health care, medical groups must constantly reinvent themselves to remain successful. This issue will explore operational strategies for anticipating and managing change.

Submission Deadline: January 7

Bonus Distribution: HIMSS

April: Quality and Outcomes

Medical groups must balance sophisticated outcomes measurements with traditional physician-patient relationships to consistently deliver quality care. This issue will explore how groups are managing risk as they struggle to deliver the best care to their patients and will highlight best practices in quality care.

Submission Deadline: February 11

May: Reimbursement and Revenue Enhancement

New reimbursement models are being developed that redefine the responsibilities in insurance and healthcare delivery. This issue will study ways that medical groups can maximize reimbursement and enhance the revenue cycle.

Submission Deadline: March 6

Bonus Service: *AMGA Industry Partner Directory*

Editorial Calendar continued

June: Health Law

Medical group leaders need to be knowledgeable about the evolving laws governing health care. This issue will examine some of the laws and regulations that will have an impact on medical groups and the way they operate in the coming years.

Submission Deadline: April 3

Bonus Service: Readex Ad Perception Study

July/August: Connectivity

With new services and technology, along with the rise of consumerism, medical groups must find new ways to connect with the various stakeholders in health care. This issue will investigate aspects of this challenge and various stakeholders—vendors, insurers, employers, and patients.

Submission Deadline: May 22

Bonus Distribution: AMGA's Institute for Quality Leadership Annual Conference

September: Compensation

Medical group leaders nationwide are searching for the “right” formula for physician compensation. This issue will explore effective compensation models that have worked for other groups and provide analyses of trends found in AMGA's 2014 Medical Group Compensation and Financial Survey.

Submission Deadline: July 10

Bonus Distribution: MGMA's Annual Conference

October: Finance

How do you sustain a financially successful medical group in an age of dwindling reimbursement? This issue explores operational strategies and options for tapping into various sources of capital and for streamlining processes.

Submission Deadline: August 7

November/December: Operations

In the face of dwindling reimbursement, creative operational solutions are needed. This issue will examine how groups have been able to save money or find new sources of revenue by focusing on their operations, while maintaining quality care.

Submission Deadline: September 25

Story Ideas?

Contact Tom Flatt, (703) 838-0033, ext. 328, (703) 548-1890 fax, tflatt@amga.org

The Publisher/AMGA

The *Group Practice Journal* is the flagship publication of the American Medical Group Association (AMGA), which represents medical groups, including some of the nation's largest, most prestigious integrated healthcare delivery systems. AMGA supports its members in enhancing population health and care for patients through integrated systems of care. The members of AMGA deliver health care to approximately 120 million patients. The average AMGA member group has 325 physicians.

Headquartered in Alexandria, Virginia, AMGA is the strategic partner for medical groups providing a comprehensive package of benefits, including political advocacy, educational and networking programs and publications, benchmarking data services, and financial and operations assistance. AMGA members are the leading medical groups in the country, groups that will have a profound impact on the future of health care. Below is information about several representative AMGA member physician groups.

ABQ Health Partners

Sites: 18 satellite offices
Providers: 200 physicians
Region: Albuquerque, New Mexico

Atrius Health

Sites: 50 satellite offices
Providers: 6 provider groups and more than 1,000 physicians
Region: Massachusetts

Baylor Scott and White Health

Sites: 60 sites
Providers: 850 providers
Region: Central Texas

Carilion Clinic

Sites: 75 satellite offices
Providers: 600 providers
Region: Northeast

Catholic Health Initiatives

Sites: 15 satellite offices
Providers: 6 provider groups and 3,000 physicians
Region: Arkansas, Colorado, Indiana, Iowa, Kansas, Kentucky, Minnesota, Nebraska, New Jersey, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Washington, and Wisconsin

Cleveland Clinic

Sites: 11 hospitals, 26 satellite offices
Providers: 3,000 providers
Region: Northeastern Ohio

Dean Health Systems, Inc.

Sites: 60 satellite offices
Providers: 700 providers
Region: Wisconsin

The Everett Clinic

Sites: 16 satellite offices
Providers: 350 physicians
Region: Washington

Geisinger Health System

Sites: 60 satellite offices
Providers: 800 physicians
Region: Pennsylvania

Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center

Sites: 1 medical center with numerous in-patient and out-patient clinical centers and 649 licensed beds, 20 satellite offices
Providers: 915 providers
Region: Greater Boston, Massachusetts area

HealthPartners

Sites: 7 hospitals and more than 70 satellite offices
Providers: More than 15,000 providers
Region: Minnesota and Wisconsin

Henry Ford Health System

Sites: 5 health system hospitals and 30+ medical centers
Providers: More than 1,020 providers
Region: Detroit metro area, southeastern Michigan

Intermountain Healthcare

Sites: 22 hospitals and 185+ clinics
Providers: More than 625 providers
Region: Utah and Idaho

The Iowa Clinic, P.C.

Sites: 27 satellite offices
Providers: 170 physicians
Region: Iowa

The Publisher/AMGA continued

The Jackson Clinic, P.A.

Sites: 15 satellite offices
Providers: 135 physicians
Region: Tennessee

Kelsey-Seybold Clinic

Sites: 20 satellite offices
Providers: 300 physicians
Region: Houston, Texas

Lahey Clinic

Sites: 31 sites
Providers: 450 physicians and 5,000 nurses, therapists, and other support staff
Region: Massachusetts

Mayo Clinic Health System

Sites: Mayo Clinic and satellite offices throughout the U.S.
Providers: More than 3,600 physicians and scientists
Region: Arizona, Florida, Georgia, Iowa, Minnesota, and Wisconsin

Mount Kisco Medical Group

Sites: 25 satellite offices
Providers: 285 physicians
Region: New York

Northwest Physicians Network

Sites: 1 medical center
Providers: 500
Region: Pacific Northwest

Ochsner Health System

Sites: 41 satellite offices
Providers: 850 physicians
Region: New Orleans, Louisiana

The Permanente Federation, LLC

Sites: 400 satellite offices
Providers: More than 98,300 providers
Region: California, Colorado, District of Columbia, Georgia, Hawaii, Maryland, Ohio, Oregon, Virginia, and Washington

The Portland Clinic

Sites: 3 satellite offices
Providers: 52 physicians
Region: Portland, Oregon

Sharp Rees-Stealy Medical Group, Inc.

Sites: 21 medical centers
Providers: 450+ physicians
Region: California

Sutter Medical Foundation

Sites: 32 satellites
Providers: 600 physicians
Region: Northern California

The Vanderbilt Medical Group

Sites: 125 satellite offices
Providers: 924 providers
Region: Nashville, Tennessee

Virginia Mason Medical Center

Sites: 1 hospital, 14 clinics, 7 satellite offices
Providers: 460 physicians
Region: Western Washington

For more information about AMGA, its members, and its services, visit www.amga.org.

Market/Circulation

CIRCULATION SUMMARY

Group Practice Journal is distributed to physician executives, physicians, and administrators at medical groups, IPAs, ACOs, and integrated delivery systems nationwide.

CIRCULATION (November/December 2013 Issue)

AMGA Members	44,312
CEOs of Medical Groups	21,577
Leadership of Integrated Delivery Systems	1,357
Leadership of IPAs	877
Leadership of ACOs	436
All Other	1,275
Total Circulation	69,834

Figures are approximate. Circulation is updated each issue to include new AMGA member groups and physician-owned and -operated IPAs, physician executives, and new subscriptions by physicians in non-member groups, etc.

While the circulation of the *Journal* averages over 70,000, actual readership could be double that amount: the Readex survey revealed that an average of 1.4 additional people read the subscriber's copy of the publication.

BONUS DISTRIBUTION OPPORTUNITIES

February issue is distributed to every attendee at the AMGA 2015 Annual Conference.

March issue is distributed at HIMSS.

May issue contains the *AMGA Industry Partner Directory*.

June issue is used for a Readex Ad Perception Study.

July/August is distributed at AMGA's Institute for Quality Leadership Annual Conference.

September issue is distributed at MGMA's Annual Conference.

Market/Circulation continued

The *Group Practice Journal* is distributed to the leaders of every medical group, ACO, IPA, and integrated delivery system in the country.

A medical group is three or more physicians who are formally organized as a legal entity in which business, clinical and administrative facilities, records, and personnel are shared, with a predetermined arrangement to divide up the income. Medical groups come in all shapes and sizes and provide health care using a variety of delivery models. Some are housed in one clinic, while others are affiliated practices covering a broad geographic region. Some groups operate under the umbrella of a hospital, some own hospitals, some operate HMOs or contract with managed care organizations. Some groups concentrate on one medical specialty, such as diabetes care or cardiology, while others offer multiple specialties, from preventive care services to complex cancer treatment. Leadership also varies—some groups are physician-led, while non-physician executives and administrators lead others, and in other groups, physicians and administrators govern as a team.

One thing is certain: medical groups are the premier models of quality care delivery and their leadership will determine the future of health care in America. More than a third of all U.S. physicians choose to practice in a medical group, and the number continues to grow. Medical groups represent a large and geographically diverse segment of the healthcare market, as demonstrated in the tables in this section.

Number of Individual Physicians in Medical Groups by Group Size

Size of Group (Number of Physicians)	Number of Physicians in Group
3	15,550
4	13,368
5 to 6	24,803
7 to 9	28,351
10 to 15	32,601
16 to 25	28,203
26 to 49	28,322
50 to 75	13,234
76 to 99	8,362
100 or more	58,880

Source: SK&A Information Services Inc., MPM & Surgi Centers Mgmt Decision Makers, 2013

Number of Medical Groups in the U.S. by Size

Size of Group (Number of Physicians)	Number of Medical Groups
3	6,335
4	3,342
5 to 6	4,569
7 to 9	3,626
10 to 15	2,727
16 to 25	1,452
26 to 49	817
50 to 75	221
76 to 99	97
100 or more	223

Source: SK&A Information Services Inc., MPM & Surgi Centers Mgmt Decision Makers, 2013

Group Physicians as a Percentage of Total Physicians in the U.S.

Year	% Group Physician Positions	Total Physicians
1965	10.2	277,575
1969	13.2	302,966
1975	18.2	366,425
1980	20.3	435,545
1984	29.3	479,440
1988	28.3	549,160
1991	31.0	594,697
1995	32.6	646,022
1996	31.2	663,943
2005	30.4	792,154
2011	35.7	724,823
2012	29.5	850,085

Source: Medical Group Practices in the US, 2006 Edition, American Medical Association; 2010 FSMB Census of Licensed Physicians; and SK&A Information Services Inc., MPM & Surgi Centers Mgmt Decision Makers, 2013

Market/Circulation continued

DISTRIBUTION OF MEDICAL GROUPS BY STATE

State	Number of Medical Groups	Physician Positions	State	Number of Medical Groups	Physician Positions
Alabama	453	3,483	Montana	78	917
Alaska	66	420	Nebraska	175	1,855
Arizona	447	4,603	Nevada	171	1,806
Arkansas	207	1,743	New Hampshire	107	1,174
California	2,076	30,156	New Jersey	910	7,189
Colorado	443	4,303	New Mexico	103	1,307
Connecticut	430	4,431	New York	1,696	15,466
Delaware	105	708	North Carolina	736	7,400
District of Columbia	49	600	North Dakota	62	849
Florida	1,436	15,019	Ohio	1,042	10,717
Georgia	796	6,847	Oklahoma	185	1,997
Hawaii	78	666	Oregon	318	3,445
Idaho	114	1,054	Pennsylvania	1,336	12,294
Illinois	1,001	10,404	Rhode Island	135	1,219
Indiana	445	6,379	South Carolina	421	3,417
Iowa	188	2,300	South Dakota	62	511
Kansas	238	2,227	Tennessee	517	6,101
Kentucky	382	3,111	Texas	1,301	14,692
Louisiana	336	3,390	Utah	142	1,778
Maine	117	1,020	Vermont	61	332
Maryland	518	4,386	Virginia	661	5,759
Massachusetts	573	6,938	Washington	453	5,955
Michigan	911	8,172	West Virginia	154	1,166
Minnesota	255	7,280	Wisconsin	278	7,635
Mississippi	218	1,751	Wyoming	48	271
Missouri	406	4,646			

Source: SK&A Information Services Inc., MPM & Surgi Centers Mgmt Decision Makers, 2013

Market/Circulation continued

NUMBER OF PHYSICIANS IN MEDICAL GROUPS BY GROUP TYPE

Medical Specialty	Single-Specialty	Multispecialty	Medical Specialty	Single-Specialty	Multispecialty
Acupuncturist (ACU)	20	43	Obstetrician/Gynecologist (OBG)	9,661	3,021
Addiction Medicine (ADD)	15	17	Occupational Medicine Spec (OCM)	471	296
Adolescent Medicine (ADO)	42	192	Oncologist (ONL)	220	293
Aerospace Medicine (AER)	13	14	Oncologist/Hematologist (ONC)	3,084	1,894
Allergist (ALL)	62	177	Ophthalmologist (OPH)	7,199	841
Allergist/Immunologist (AIM)	947	449	Optometrist (OPT)	2,762	452
Anesthesiologist (ANS)	10,673	1,418	Orthopedic Foot & Ankle (OFA)	52	34
Bariatrician (BAR)	18	33	Orthopedic Reconstructive Sgn (ORC)	61	13
Cardiovascular Disease (CAR)	9,014	3,373	Orthopedic Spine Surgeon (OSN)	168	138
Child Neurology (CHN)	181	192	Orthopedic Surgeon (ORS)	8,088	3,582
Child Psychiatrist (CHP)	450	72	Other (OTH)	3	19
Chiropractor (CHR)	107	147	Otolaryngologist (OTO)	2,705	1,129
Colon/Rectal Surgeon (CRS)	331	170	Pain Management Specialist (PAI)	196	344
Critical Care Specialist (CCM)	34	219	Pathologist (PTH)	2,890	559
Dentist/Oral Surgeon (DNT)	840	232	Pediatric Cardiology (PDC)	410	232
Dermatologist (DER)	2,305	1,009	Pediatric Critical Care (PCT)	88	64
Dermatopathology (DMT)	103	33	Pediatric Endocrinology (PDE)	108	225
Diabetes Specialist (DBT)	39	16	Pediatric Gastroenterology (PGY)	122	152
Diagnostic Radiologist (DRD)	9,595	2,117	Pediatric Hematology/Oncology (PHO)	209	159
Emergency Medicine Specialist (EMR)	5,370	1,100	Pediatric Pulmonology (PDP)	67	129
Endocrinology & Metabolism (END)	810	1,019	Pediatric Radiology (PDR)	66	44
Epileptologist (EPL)	31	15	Pediatric Surgeon (PDS)	225	106
Family Practitioner (FMP)	17,401	12,897	Pediatrician (PED)	12,521	5,596
Gastroenterologist (GAS)	4,107	1,676	Physical Medicine/Rehab Spec (PHM)	1,071	863
General Practitioner (GNP)	161	325	Plastic Surgeon (PLS)	671	420
General Surgeon (GNS)	3,452	2,662	Podiatrist (POD)	1,872	1,031
Genetics Specialist (GEN)	68	86	Preventive Medicine Specialist (GPM)	23	16
Geriatrician (GER)	139	276	Psychiatrist (PSY)	3,803	821
Gynecologic Oncologist (GYO)	133	215	Psychologist (PSC)	1,637	749
Gynecologist (GYN)	975	433	Pulmonary Critical Care (PCC)	1,394	576
Hand Surgeon (HDS)	192	103	Pulmonologist (PUL)	830	1,052
Head & Neck Surgery (HNS)	9	25	Radiation Oncologist (RDO)	1,138	406
Hematologist (HEM)	61	64	Radiologist (RAD)	675	680
Hepatologist (HEP)	49	57	Reproductive Endocrinology (REN)	322	109
Holistic Medicine (HTM)	14	19	Rheumatologist (RHU)	785	912
Immunologist (IMM)	2	8	Sleep Medicine (SLP)	62	142
Infectious Disease Specialist (INF)	890	621	Sport Medicine Specialist (SPM)	179	288
Internal Medicine/Pediatrics (IMP)	168	505	Thoracic Surgeon (THS)	714	439
Internist (INT)	9,850	13,678	Transplant Surgeon (TRA)	52	167
Neonatologist (NEO)	1,044	288	Trauma Surgeon (TRM)	78	96
Nephrologist (NEP)	3,440	876	Urgent Care Specialist (URG)	491	708
Neurologist (NEU)	2,341	2,001	Urologist (URO)	3,498	974
Neuroradiology Specialist (NER)	90	175	Vascular & Interventional Rad (VIR)	42	282
Neurosurgeon (NSG)	801	856	Vascular Surgeon (VAS)	482	516
Nuclear Medicine Specialist (NUC)	43	52			

Source: SK&A Information Services Inc., MPM & Surgi Centers Mgmt Decision Makers, 2013

Print and Electronic Rates and Specifications

ISSUANCE

- A. Published by: American Medical Group Association (AMGA).
- B. *Group Practice Journal* is published 10 times a year—January, February, March, April, May, June, July/August, September, October, and November/December.
- C. Subscription rate is \$131.00 per year. Digital subscription rate is \$131.00 per year.

ESTABLISHED

1951, current volume number 64

ORGANIZATION AFFILIATIONS

Member of BPA Worldwide and Association Media & Publishing.

CIRCULATION SUMMARY

Group Practice Journal is distributed to physician executives, physicians, and administrators at medical groups, IPAs, ACOs, and integrated delivery systems nationwide.

EDITORIAL

The *Group Practice Journal* addresses the vital business information needs of the medical group industry with practical, timely articles about everything from implementing best practices to negotiating managed care contracts to building successful integrated healthcare delivery systems. Written by physician leaders and industry professionals, the Journal is the flagship publication of the American Medical Group Association—the national organization dedicated to addressing all issues affecting medical groups, physician-owned and -managed IPAs, ACOs, and integrated delivery systems.

BLACK-AND-WHITE RATES (Effective with the January 2015 issue of the *Group Practice Journal*)

	1X	3X	6X	10X	18X	24X	36X	48X
Full Page	5,750	5,490	5,220	4,605	4,090	3,890	3,695	3,415
2/3 page	4,870	4,635	4,425	3,895	3,440	3,275	3,130	2,965
1/2 page	3,685	3,500	3,240	3,335	2,940	2,645	2,350	2,180
1/3 page	2,940	2,795	2,660	2,350	2,055	1,955	1,845	1,705
1/4 page	2,055	1,955	1,870	1,650	1,455	1,380	1,310	1,225
1/8 page	1,330	1,265	1,205	1,110	1,055	945	895	805

Rate is determined by number of insertions. A spread is considered two insertions. Each page of an insert is considered an insertion (note that the *Group Practice Journal* offers a page free with the placement of 4-page inserts and up); business reply cards count as one insertion. Insertions by parent company's subsidiaries are combined to determine earned rate. Split-runs are considered full insertions in the calculation of the appropriate rate. Inserts are commissionable.

EDITORIAL/ADVERTISING RATIO

60/40

Advertising is fully interspersed with editorial copy.

CONTRACT AND COPY REGULATIONS

- A. All contracts and contents of advertisements are subject to the publisher's approval. Publisher reserves the right to reject or cancel any advertisement, insertion order, space reservation, or position commitment.
- B. Publisher reserves the right to put the word "advertisement" on advertising which, in the publisher's opinion, resembles editorial material.
- C. Publisher guarantees uniform rates and discounts to all advertisers using the same amount and kind of space. No exceptions to published rates.
- D. Only insertions of a parent company and subsidiaries are combined to determine the earned rates.
- E. Rates are subject to change with 90 days' notice. Contracts accepted with the understanding that rates will be guaranteed up to three months beyond last issue closed. In the event of a rate increase, contracts may be terminated without penalty of short rate.
- F. After firm space commitment has been made, extensions may be given for production materials if proper notification is given to the publisher. If ad copy is not provided by closing date, publisher reserves the right to repeat a former ad.

ADVERTISERS INDEX

Back of Book—includes company name, website address, and page on which advertisement appears.

Print and Electronic Rates and Specifications continued

INSERTS

	1X	3X	6X	10X	18X	24X	36X	48X
2-page	11,500	10,980	10,440	9,210	8,180	7,780	7,390	6,830
4-page	17,250	16,470	15,660	13,815	12,270	11,670	11,085	10,245
8-page	40,250	38,430	36,540	32,235	28,630	27,230	25,865	23,905
BRC	5,750	5,490	5,220	4,605	4,090	3,890	3,695	3,415

Inserts are commissionable. Advertisers receive a free page with every supplied insert over 4-pages (4-page ad rate is based on 3 pages; 8-page insert ad rate is based on 7 pages, etc.)

SPLIT-RUNS – SPECIFICATIONS

1. Split-runs can be either geographic (state or ZIP code) or demographic.
2. Inserts and ROB advertising units are accepted.
3. Split-run insertions will count toward earned frequency discounts.
4. All split-run ROB advertising units must be full-page ads.
5. Split-run additional production charges are non-commissionable.

SPLIT-RUN RATES – INSERTS (SUPPLIED)

1. If using 50% or less of the *Group Practice Journal's* circulation—rate is 50% of the full-run rate black-and-white cost.
2. If using 51% or more of the *Group Practice Journal's* circulation—rate is the full-run rate.

SPLIT-RUN RATES – ROB

1. If using 50% or less of the *Group Practice Journal's* circulation—rate is 50% of the full-run rate black-and-white cost plus full-color charges.
2. If using 51% or more of the *Group Practice Journal's* circulation—rate is the full-run rate plus full-color charges.

Split-run production charges: \$1,250 per split-run ROB advertisement (non-commissionable). No additional charge for inserts.

MEMBER/CORPORATE PARTNER/AGENCY COMMISSIONS AND DISCOUNT TERMS

- A. Member Discount: 10% to AMGA Medical Group Members.
- B. Corporate Partner Discount: 50% to members of the Chairman's Circle, 30% to AMGA Premier Corporate Partners, 10% to AMGA Executive Corporate Partners.
- C. Agency Discount: 15% to recognized ad agencies for payment made within 30 days of invoice date. Accounts not paid within 60 days from invoice date forfeit commission.
- D. Cash Discount: 2% if paid within 10 days of invoice date.
- E. Contact your sales representative for details on frequency discounts and other merchandising opportunities.

COLOR

In addition to Black-and-White rates:

One Color (per page):	\$320
Match Color (per page):	\$635
Metallic Ink (in addition to color rates):	\$417
Three and Four Color (per page):	\$1,425
Five Color (per page):	\$1,745

BLEED No charge.

SPECIAL POSITIONS

Cover 2	\$625	Page facing table of contents: earned rate plus 10% (plus color). Other preferred or special positions are earned rate plus 10% (plus color).
Cover 3	\$325	
Cover 4	\$1,195	

CANCELLATIONS

- A. Notification in writing of space cancellations must be received by space closing deadline.
- B. If space is canceled after deadline or material is received too late, the advertiser will be charged for the insertion.
- C. Covers are non-cancelable.

ONLINE VERSION OF THE *GROUP PRACTICE JOURNAL*

Every advertisement appearing in the print version of the *Journal* will also appear in the online version that is received by AMGA members (AMGA members can choose to receive the print version, online version, or both) and paid subscribers. There is no addition charge for advertisements appearing in the online version. Advertisements appearing in the online version will be linked directly to advertiser's website or e-mail address (if the advertisement carries a website address or e-mail address). Contact David O'Leary at (301) 652-8862 to discuss enhancing your advertisement in the online version of *Group Practice Journal*.

Print and Electronic Rates and Specifications continued

DIGITAL AD REQUIREMENTS

The following information should be included with every submission:

1. Advertiser name/agency name
2. Artist contact phone number or e-mail
3. SWOP compliance match print proof

FORMAT

Press-ready Hi-Res Adobe PDF: PDF distilled from postscript is preferred. Embed all fonts and images. PMS colors must be changed to CMYK. All images for ads should be color corrected and provided at or above 300 dpi. Image files should be tiff or eps. Jpg files are not acceptable. Select all printer marks and bleeds should be set to .125 inches.

SENDING FILES:

1. **Electronically via e-mail to dharvel@amga.org.** E-mail attachments are limited to 5 MB. Other options are available for files over 5 MB, call or e-mail Dianne Harvel at (304) 725-0058, or dharvel@amga.org for information.
2. **Mail on a CD-ROM to Dianne Harvel, Art Director** (address on page 15). 4/C placement must be in CMYK. RGB files are not accepted.

3. Mail Color Proof to Dianne Harvel, Art Director (address on page 15). **Color ads:** A SWOP certified contract level proof is required for color guidance on the press, if a SWOP certified proof is not supplied, *Group Practice Journal* cannot guarantee the color reproduction of your ad. Minimum 300 dpi recommended at 100% of size. **Note:** Any output problems are the responsibility of the advertiser. Charges incurred for output problems will be passed on to the advertiser and are not commisionable.

INSERTS AND BUSINESS REPLY CARD REQUIREMENTS

All furnished inserts should be cleared through the Art Director before the insert specifications are finalized.

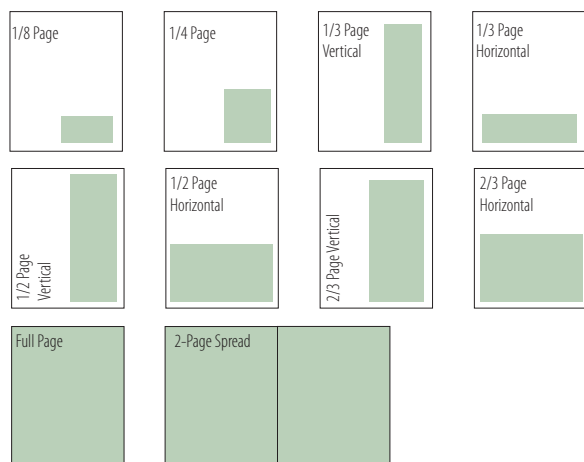
SHIPPING INFORMATION FOR INSERTS AND BUSINESS REPLY CARDS

After approval from the Art Director insert should be sent to:

R.R. Donnelley – Long Prairie Division
 100 Banta Road
 Long Prairie, MN 56347-1903
 Attn: Cindy Dalton
 Phone: (320) 732-7937

Trim size of the Group Practice Journal is 8-1/8" x 10-7/8".
Allow 1/8" over trim size for any portion of ad that is to bleed.
Copy that does not bleed, or any live copy should be 1/4" from trimmed edge.

AD UNIT EXAMPLES



MECHANICAL SPECIFICATIONS

	Floating Ad Size	Trim Bleed Size*
Spread	15-1/4" x 10"	16-1/4" x 10-7/8"
Full Page	7" x 10"	8-1/8" x 10-7/8"
2/3 Page H	7" x 6-5/8"	8-1/8" x 6-5/8"
2/3 Page V	4-3/4" x 10"	5-1/4" x 10-7/8"
1/2 Page H	7" x 5"	8-1/8" x 5-1/4"
1/2 Page V	3-1/4" x 10"	4" x 10-7/8"
1/3 Page H	7" x 3-3/8"	8-1/8" x 3-1/4"
1/3 Page V	2-1/4" x 10"	2-3/4" x 10-7/8"
1/4 Page	3-1/4" x 5"	4-1/8" x 5-1/4"
1/8 Page	3-1/4" x 2-1/2"	No Bleed
Professional Opportunity	3-1/2" x 5"	No Bleed

* Pull bleeds out 1/8"
 (Horizontal–H/Vertical–V).

Group Practice Journal Closing Dates

January

Space Deadline – December 2, 2014
Film Deadline – December 9, 2014
Electronic Deadline – December 16, 2014
Inserts Due – December 20, 2014

February

Space Deadline – January 5, 2015
Film Deadline – January 12, 2015
Electronic Deadline – January 19, 2015
Inserts Due – January 23, 2015

March

Space Deadline – February 2, 2015
Film Deadline – February 9, 2015
Electronic Deadline – February 16, 2015
Inserts Due - February 20, 2015

April

Space Deadline – March 2, 2015
Film Deadline - March 9, 2015
Electronic Deadline – March 16, 2015
Inserts Due – March 20, 2015

May

Space Deadline – April 6, 2015
Film Deadline – April 13, 2015
Electronic Deadline – April 20, 2015
Inserts Due - April 24, 2015

June

Space Deadline – May 4, 2015
Film Deadline – May 11, 2015
Electronic Deadline – May 18, 2015
Inserts Due - May 22, 2015

July/August

Space Deadline – July 13, 2015
Film Deadline – July 20, 2015
Electronic Deadline – July 27, 2015
Inserts Due – July 31, 2015

September

Space Deadline – August 10, 2015
Film Deadline – August 17, 2015
Electronic Deadline – August 24, 2015
Inserts Due – August 28, 2015

October

Space Deadline – September 7, 2015
Film Deadline – September 14, 2015
Electronic Deadline – September 21, 2015
Inserts Due – September 25, 2015

November/December

Space Deadline – November 2, 2015
Film deadline – November 9, 2015
Electronic Deadline – November 16, 2015
Inserts Due – November 20, 2015

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