



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Financial Conditions Division

Mailing Address:
Financial Conditions
PO Box 50540
Charleston, WV 25305-0540

Telephone: (304) 558-2100
Facsimile: (304) 558-1365
Email: financial.conditions@wvinsurance.gov
www.wvinsurance.gov

Location:
Financial Conditions
1124 Smith Street, Rm 102
Charleston, WV 25301

**Requirements and Procedures for becoming Licensed
as a Discount Medical Plan Organization (“DMPO”)**

W. Va. Code §33-15E and W.V.C.S.R 114-83. A Discount Medical Plan Organization means an entity that contracts with providers, provider networks or other discount medical plan organizations to offer access to medical or ancillary services at a discount to plan members, provides access for discount medical plan members to the services in exchange for fees, dues, charges or other consideration, and determines the charges to plan members.

*Complete the following to become licensed in West Virginia and submit to the address above.
All of the information must be received in its entirety or the application may be returned unprocessed.*

1. A fully completed Discount Medical Plan Organization Application for License (Form DMP-1);
2. A non-refundable check in the amount of \$300 (subject to reciprocity);
3. An original Certificate of Authority from the state of domicile;
4. Copies of all registration documents and/or licenses required by the State of West Virginia;
5. Articles of Incorporation and By-Laws;
6. A description of the proposed method of marketing, including types of discounts to be offered and the advertising media to be used, including the procedures in place to approve advertising, prior to use;
7. Audited Financial Statements prepared in accordance with generally accepted accounting principals certified by an independent certified public accountant, including the balance sheet, income statement and statement of changes in cash flow for the preceding year or if an affiliate of a parent entity that is publicly traded, those audited financial statements and a written guarantee that the minimum capital will be met by the parent entity;
8. A list of names, official positions and addresses of all persons responsible for the conduct of the organization’s affairs, including company officers, directors and shareholders owning ten percent or more shares in the organization;
9. The number of discount medical plan members in the state;
10. A copy of the form of all written provider agreements offering medical or ancillary services to its members;
11. A list of all participating pharmacies offering discounts on prescription drugs to plans members or an Internet website address where such a list can be accessed by the Commissioner;
12. An organization chart including all entities within the ultimate parent company structure, if applicable;
13. Biographical Affidavits for company officers, directors and shareholders owning ten percent or more shares in the organization;
14. Proof of compliance with the net worth requirement of \$150,000;
15. A fully completed DMPO Surety Bond pursuant to W. Va. Code §33-15E-6 (Form DMP-2); and,
16. A description of the member complaint procedures to be established and maintained by the applicant.