



Leapfrog Partner Application

Yes, we stand with the Leapfrog Group in advancing higher quality standards in American Health Care.

Organization

Address

City, State, Zip Code

Primary Contact (First, MI, Last Name)

Title

Address

Phone

Email Address

Secondary Contact (First, MI, Last Name)

Title

Address

Phone

Email Address

Organization Type

- | | |
|--|---|
| <input type="checkbox"/> Health care or benefit consultant | <input type="checkbox"/> Medical organization, physician group, physician |
| <input type="checkbox"/> Health care law firm | <input type="checkbox"/> Hospital/health system |
| <input type="checkbox"/> Health care data and actuarial firm | <input type="checkbox"/> Health care product manufacturer |
| <input type="checkbox"/> Health care research and quality improvement organization | <input type="checkbox"/> Health insurance company/plan |
| <input type="checkbox"/> Pharmaceutical company or pharmacy benefit manager | <input type="checkbox"/> Health care information technology vendor |
| | <input type="checkbox"/> Other _____ |

Partner Level

- Gold Level Partner \$50,000
 Silver Level Partner \$35,000
 Bronze Level Partner \$25,000

Payment Information

Amount Enclosed

Check #

Leapfrog EIN No. 52-2359517

Mail your payment to:

The Leapfrog Group ● PO Box 630453 ● Baltimore, MD 21263-0453

Contact our membership department at 202.292.6723 or membership@leapfroggroup.org.
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