

Family Practice Management®

2010 Rate Card



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EDITORIAL

The mission of *Family Practice Management (FPM)* is to give family physicians the tools and information they need to improve every aspect of their practice, from patient satisfaction to their own job satisfaction and from collections to clinical care. *FPM* aims to help readers practice efficiently, get paid for what they do, achieve the best possible clinical outcomes and still get home in time for dinner.

ADVERTISING MATERIALS

Send CDs and color proofs to:

AAFP

Linda Porter, Advertising Coordinator
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680

DIRECTORY

Production/Editorial Office

11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680
(800) 274-2237, (913) 906-6000, Fax (913) 906-6080

Vice President for Publishing and Communications, Michael D. Springer	x5100
Publisher, Stephanie Hanaway	x5161
Associate Publisher/Marketing Director, Linda G. Doggett	x5157
Advertising Business Manager, Brian W. Arbuckle	x5154
Senior Project Coordinator, Amy Swift	x5156
Circulation Director, Cathy Donahue	x5165
Production Director, Bret Taylor	x5141
Advertising Coordinator, Linda Porter	x5142
Billing Coordinator, DeAnna Polela	x1512

Advertising Sales Office

500 Route 17 South
Hasbrouck Heights, NJ 07604-3121
(201) 288-4440, Fax (201) 288-4914

Associate Publisher/Advertising Sales Director,

Dan Gowan	dgowan@aafp.org
Director of Advertising Sales, John Molluso	jmolluso@aafp.org
Senior Account Manager, Mickey Cotter	mcotter@aafp.org
Sales Coordinator, Karen O'Leary	koleary@aafp.org

Other advertiser information available online at www.aafp.org/fpm/adinfo

AMM



RATES

1. Effective Date & Discounts

- A. Effective rate date: January 2010.
- B. Agency commission: 15% of gross billing for space and color. Subject to withdrawal on accounts not paid within 30 days of invoice date.
- C. Cash discount: None.
- D. Other discounts: **See page 4.**

2. Earned Rates

- A. Full run: Earned rates are given to advertisers based on the number of issues running ads within a 12-month period. Frequency rate is earned in aggregate only by an individual advertiser and its divisions or subsidiaries.

Contracts are accepted at all frequency levels, subject to the published rates and conditions, and are not rate protected. When number of issues where ads ran is greater or less than indicated by contract, rates are adjusted accordingly at end of the contract year.
- B. Combination rates: Insertions in *FPM* count toward earned frequency in *American Family Physician (AFP)*. Each ROB page counts as one unit. A spread counts as two units. Each fractional page, regardless of size, counts as one unit.

3. Rates

Rates and conditions are subject to change upon notice from publisher 90 days in advance of effective date. Advertising is sold only at earned published rates. Contracts and insertion orders for units at lower rates are not accepted. See box below at bottom of page.

4. Color

See the following table for charges in addition to earned black-and-white rates.

COLOR CHARGES	
Color	Charges per color per page or fraction
Individual process color	\$ 105
Matched color	240
Matched color-metallic	550
Three- and four-color (process)	400
Five-color (4-color process + nonmetallic matched)	640
Six-color (4-color process + two nonmetallic matched)	880

5. Bleed

No charge.

6. Covers, Positions

Covers and positions are sold annually on a contract basis to individual advertisers. Premiums are charged on one page of ad unit when multiple page units are acceptable. Covers and positions in close proximity to other positions are not bound by normal product conflict guidelines. Matched colors are not available on covers.

- A. Covers:
 - Second cover: 35% space premium; ad is preferred 4-color.
 - Third and fourth cover: 25% space premium; ad must run 4-color (no premium charged for third cover if purchased in conjunction with fourth cover).
- B. Positions:
 - Opposite Table of Contents: 15% space premium; ad is preferred 4-color.
 - Center spread: 15% space premium; ad is preferred 4-color.
 - Consecutive right-hand full or fractional pages: black-and-white rate earned plus 5%; add color charges.

7. Classified and Marketplace

For rates, call Russell Johns Associates, LLC, at 800-237-7027 or go to www.aafp.org/fpm/adinfo.

ISSUANCE AND CLOSING

8. First Issue

October 1993.

9. Issuance

Published 6 times per year.

10. Issue Dates

Bi-monthly as combined issues.

11. Mailing Date & Class

Second week of first month of issue. Periodicals.

12. Issue and Closing Dates

- A. Insertion orders and all reproduction materials are due as follows:

Issue	Closing	Materials due
Jan / Feb	Dec 1	Dec 3
Mar / Apr	Feb 1	Feb 3
May / Jun	Apr 1	Apr 3
Jul / Aug	Jun 1	Jun 3
Sep / Oct	Aug 1	Aug 3
Nov / Dec	Oct 1	Oct 3

- B. No cancellations after closing date of publication.

RUN-OF-BOOK RATES

Black-and-white	Full page	Two-thirds page	Half page	One-third page
1-issue	\$2,500	\$1,875	\$1,500	\$1,125
2-issues	2,375	1,785	1,425	1,070
3-issues	2,250	1,690	1,350	1,015
4-issues	2,125	1,595	1,275	1,000
5-issues	2,000	1,500	1,200	900
6-issues	1,750	1,315	1,050	790

EDITORIAL

13. Editorial Developments

The "News and Trends" department was discontinued to make room for "Snapshot," a series of profiles of family physicians with interesting practices. Also added was the "FPM Online" department, which highlights features of the FPM web site.

14. General Editorial Direction

FPM publishes articles designed to help family physicians operate ethically, efficiently and effectively; improve the quality of their operations and the patient care they deliver; understand the environment in which they practice; and manage their professional lives. FPM brings the resources of the AAFP to bear on the special problems of family physicians. Each issue contains a practice management quiz that AAFP members and paid subscribers can take to earn CME credit.

15. Average Issue Information

Articles per issue: 11.7, of which 4.3 are feature articles

Average article length : 2.5 pages

Editorial departments: From the Editor, Opinion, Letters, FPM Online, Coding and Documentation, Snapshot, Practice Pearls, FPM Quiz, Last Word.

16. Origin of Editorial

- A. Staff written: 19%.
- B. Solicited: 39%.
- C. Unsolicited: 42%.
- D. Peer review: All feature articles are peer reviewed by family physicians, practice management consultants and other subject matter experts.
- E. Rejection rate: 48%.

CIRCULATION

FPM is received by family physicians and other allied healthcare professionals through paid print subscriptions (est. 3,100 as of 7/09) and an opt-in digital edition (est. 126,000 as of 7/09). For circulation updates, please call Cathy Donahue, Circulation Director, 800-274-2237, x5165.

GENERAL INFORMATION

17. Requirements for Advertising Acceptance

The purpose of FPM is to serve the medical profession and provide continuing medical education. The information and opinions presented in FPM reflect the views of the authors, not those of the journal or the American Academy of Family Physicians (AAFP), unless so stated. Advertising is generally accepted if judged to be in harmony with the purpose of the journal; however, FPM reserves the right to reject any advertising at its sole discretion.

- A. Products and services to be advertised must meet the standards of generally accepted medical practice, be relevant to the clinical or socioeconomic practice of medicine, or be of special interest to the physician readership.
- B. Products that require approval by the U.S. Food and Drug Administration for marketing must receive this approval before being eligible and must include "full disclosure" when required. It is the responsibility of the advertiser to conform to regulations of the FDA and all legal requirements for the content of claims made for products.

- C. Technical data and scientific documentation may be required for products not regulated by the FDA or other government agencies.
- D. Ads for nutritional supplements and vitamin preparations are not eligible unless the product is approved for marketing by the FDA or its efficacy and safety are substantiated by clinical studies acceptable to the AAFP—generally meaning studies that have independent support in authoritative, evidence-based medical literature. More specific guidelines are available from the AAFP.
- E. General purpose foods such as breads, meats, fruits and vegetables are eligible. Special purpose foods (e.g., foods for carbohydrate-restricted diets and other therapeutic diets) are eligible when their uses are supported by acceptable data. Only diet programs prescribed and controlled by physicians may be eligible.
- F. CME courses, seminars and conferences are eligible for advertisement. If CME accreditation is advertised, AAFP Prescribed credit must be approved and specified.
- G. For enduring materials (e.g., books, audio- and video-tapes, computer software, etc.), submission of a sample for review to establish eligibility may be required.
- H. Ads for products or services that assist the physician in running a more efficient practice, thus enabling the physician more time for patient care, will generally be accepted. Included here would be categories such as office equipment, medical billing systems or other software products. Ads that focus solely on increasing profitability are not acceptable.
- I. Institutional advertising germane to the practice of medicine may be considered eligible.
- J. Other products and services not covered above will generally be accepted if they are determined to be in harmony with the stated purpose of the publication.
- K. Ads containing comparative claims for competitive products must be substantiated by supporting data.
- L. Ads for tobacco products and alcoholic beverages will not be accepted. The AAFP has no direct association with organizations involved in the manufacture of tobacco products and urges its members to avoid such association.
- M. All ads must clearly and prominently identify the advertiser by trademark or signature.
- N. In consideration of publication of an ad, the advertiser and the agency, jointly and severally, agree to indemnify and hold harmless publisher, its officers, agents and employees against expenses (including legal fees) and losses resulting from the publication of the contents of the ad, including, without limitation, claims or suits for libel, violation of privacy, copyright infringement or plagiarism.
- O. Publisher shall not be liable for any failure to print, publish or circulate any ad accepted by publisher; however, publisher shall use its reasonable efforts to place such ad in subsequent available space.
- P. Publisher is not responsible for incidental or consequential damage for errors in printing an ad.
- Q. Publisher will not be bound by any condition, printed or otherwise, appearing on order blanks or copy instructions when such conditions conflict with the conditions set forth in this rate card.
- R. Since editorial requirements change as issue production progresses, all advertising insertion order position clauses are treated as requests.
- S. In the event of nonpayment, publisher reserves the right to hold advertiser and/or its advertising agency jointly and severally liable for such monies as are due and payable to publisher.

- T. Ads must conform to mechanical specifications as indicated in this rate card.
- U. All ads are subject to approval of publisher, who reserves the right to reject or cancel any ad at any time, and to evaluate ad copy to ensure that it does not contain any false or misleading statements or that it is not in poor taste-offensive in either artwork or text. New copy must be received by the advertising business manager 10 days before the closing date.
- V. *FPM* defines the word “advertorial” to mean an advertisement that resembles editorial content in style and format. While *FPM* welcomes such advertisements, we will publish no advertisement that, in the judgement of the publisher, resembles our editorial content enough to be mistaken for an *FPM* article. Such ads must also display the word “ADVERTISEMENT” in 10-pt-type (min.), all caps, at the top center of each page.

The publisher must pre-approve an ad that might be considered advertorial. At the discretion of the publisher, the advertisement may need to be reformatted to minimize its resemblance to our editorial content. All other guidelines pertaining to advertising in *FPM* also apply to advertorials.

18. Credit

First-time advertisers are asked to pay in advance. Once the first invoice is paid in full, credit is available as long as the account is kept current. Accounts in arrears or accounts chronically late may be flagged. Flagged accounts may not place additional advertising until all past-due invoices are cleared.

19. New Product Releases

None will be accepted.

20. Editorial Research

Surveys are sent to a random sample of member and non-member readers on a regular basis. An annual editorial research survey is conducted at the AAFP Annual Scientific Assembly.

21. Ad Placement Policy

Advertising is rotated and interspersed throughout the issue-within departments and between articles. Fifty percent of advertising is placed in front; 50 percent in back.

22. Services

- A. Ad studies: None.
- B. Mailing list: The AAFP member list is available within set guidelines. For more information, contact Kerry Tranfa, INFOCUS, at 800-708-LIST, x3246 or e-mail ktranfa@infocuslists.com.
- C. Editorial reprints: Provided by Sheridan Reprints. Address questions to Beth Ann Rocheleau at 803-359-4578 or e-mail brocheleau@rockwaterinc.com.
- D. Special reports: The Who Report is an annual survey of AAFP members that provides a profile of practice patterns and reading habits of family physicians. Complimentary copy available for active advertisers.
- E. Data services: Profile data by MMS, Inc.: IMS prescription data available for therapeutic classes and products, profiled by physician specialty, prescription writing and revenue levels. Data can be provided in desired format to active and prospective advertisers.

Media-CHEK® and FOCUS® by PERQ/HCI: Readership analyses provided to active and prospective advertisers.
- F. Other: Advertising Index.

MECHANICAL REQUIREMENTS

23. Ad Sizes and Bleed Sizes

Ad Space Sizes

Full page:	7" x 10"
2/3 page:	4 3/8" x 10"
1/2 page vertical:	3 1/4" x 10"
1/2 page horizontal:	7" x 4 1/2"
1/3 page:	2 1/8" x 10"

Bleed Ad Space Sizes

Full page:	8" x 10 3/4"
2/3 page vertical (inside column):	4 7/8" x 10 3/4"
2/3 page vertical (outside column):	4 3/4" x 10 3/4"
1/2 page vertical (inside column):	4" x 10 3/4"
1/2 page vertical (outside column):	3 7/8" x 10 3/4"
1/2 page horizontal:	8" x 5 1/8"
1/3 page (inside column):	2 3/4" x 10 3/4"
1/3 page (outside column):	2 5/8" x 10 3/4"

Keep live matter 3/8" away from trim edges.

Trim size of magazine: 7 3/4" x 10 1/2".

24. Paper Stock

- A. Inside pages (body pages): 60#
- B. Covers: 80#

25. Type of Binding

Saddle-stitched, printed sheet-fed.

26. Reproduction Requirements

File types accepted are PDF/X-1a or PDF. Acceptable media is CD-ROM. Files may also be e-mailed to lporter@aafp.org or sent via FTP at: ftp.fpm.org, (user name) fpmads, (password) fpmads. Place files in “incoming” folder. One actual-size, quality color proof is required and must match the digital file. Contact production department for digital specifications.

27. Disposition of Discs

Digital media returned when requested and only when clearly marked with complete return name and address.

28. Miscellaneous

- A. If type must be set, space will be billed at cost. Cancellation and copy changes are accepted until closing date.
- B. The word “advertisement” may be appended to copy that, in the publisher’s opinion, resembles editorial matter.
- C. Charges will be made at cost for extensive patching or any other chargeable extra work ordered by, or made necessary by, agency or advertiser.

DISCOUNTS AND VALUE-ADDED OPPORTUNITIES

Continuity Rewards

Buy 5 issues – get 1 FREE

Advertise the same product in five consecutive issues and get the sixth issue free. If consecutive insertions are of varied ad sizes, then award is given as an average of the consecutive ads rounded up to the next full page.

The free ad supersedes any other discounts for that ad unit. Free ad units count toward earned frequency. Continuity schedules that go beyond the calendar year are not rate protected. Adjustments will not be made to the reward invoice(s).

Corporate Rewards

Earn year-long savings

An individual advertiser (and its divisions or subsidiaries) whose 2009 accumulative ad units in *AFP*, *FPM* and associated publisher billings* totaled 72 units or more will earn a discount on gross billings in 2010 as follows:

2009 Ad Units	2010 Discount
72 - 105	1%
106 - 150	2%
151 - 225	3%
226 - 315	4%
316 or more	5%

Corporate Rewards are taken after all other discounts (**see examples in box to the right**).

An individual advertiser (and its divisions or subsidiaries) whose 2009 accumulative ad units in *AFP*, *FPM*, and associated publisher billings* totaled 316 or more units qualifies to receive, in lieu of all other discounts, a total discount of 10% on the gross billings of *AFP* and *FPM* in 2010. A 15% Agency Commission will be given on the adjusted gross billings. This discount supersedes all other discounts for the advertiser and is by option only. A qualifying advertiser not requesting this option prior to the first ad insertion in 2010 will receive all standard discounts for which the advertiser is qualified.

*— Associated publisher billings include *AFP*, *FPM*, editorial reprint orders, sponsorships of eTOC notifications and other sponsorship opportunities. eTOC insertions count as one unit per sponsorship.

2/15 Plan

Pay early and earn credit

Advertisers will receive a 2% credit on the invoice net to be used toward a future insertion, provided payment is received at the publisher's office within 15 days of invoice date. The credit will only be applied to future insertions.

PI (Prescribing Information) Page Discount

Save when running 3 or more

Run three or more prescribing information pages with your ad and get 50% off the b/w rate per page starting with page three.

The Family Buy

Advertise in *FPM* for only \$1,000 / page

Any advertiser running an advertisement in *AFP* within the same two-month period as a *FPM* issue may choose to place the same advertisement in *FPM* for \$1,000 gross per b/w page.

Ads featuring different indications and formulations of products are acceptable.

Color charges are additional.

Fractional page will be charged proportionate to page size.

All discounts applied to gross Family Buy amount.

To receive prompt credit, all insertion orders for a given month must be sent at the same time.

Example: For the July/August issue of *FPM*, any of the July or August issues of *AFP* may be used to qualify for Family Buy.

CALCULATING DISCOUNTS

Example 1: Advertiser X earns 2% Corporate Rewards discount in 2010 based on ad units in calendar year 2009. They are earning the 96-time rate and have placed a 2-page, 4-color ROB ad in both *AFP* for January 1, 2010 and *FPM* for January/February, 2010. For *FPM*, Advertiser X has qualified for the Family Buy rate of \$1,000 per gross b/w page. Billing is as follows:

<i>American Family Physician</i>		<i>Family Practice Management</i>	
2-pg ROB + 4-Color (96-time)	\$25,170.00	2-pg ROB + 4-Color (Family Buy rate)	\$2,800.00
Subtotal	25,170.00	Subtotal	2,800.00
Corporate Rewards	-503.40	Corporate Rewards	-56.00
Adjusted gross	24,666.60	Adjusted gross	2,744.00
Agency discount	-3,699.99	Agency discount	-411.60
Net	\$20,966.61	Net	\$2,332.40

Example 2: Advertiser X earns 2% Corporate Rewards discount in 2010 based on ad units in calendar year 2009. They are earning the 96-time rate. With the October 1, 2010, issue of *AFP* they exceed their total ad units for 2009. For the October 15 issue of *AFP* they earn \$500 off per page. They have placed a 2-page, 4-color ROB ad in both *AFP* for October 15, 2010 and *FPM* for September/October. For *FPM*, Advertiser X has qualified for the Family Buy rate of \$1,000 per gross b/w page. Billing is as follows:

<i>American Family Physician</i>		<i>Family Practice Management</i>	
2-pg ROB + 4-Color (96-time)	\$25,170.00	2-pg ROB + 4-Color (Family Buy rate)	\$2,800.00
Corporate Rewards Plus	-1,000.00		
Subtotal	24,170.00	Subtotal	2,800.00
Corporate Rewards	-483.40	Corporate Rewards	-56.00
Adjusted gross	23,686.60	Agency gross	2,744.00
Adjusted discount	-3,552.99	Agency discount	-411.60
Net	\$20,133.61	Net	\$2,332.40

Family Practice Management®

Editorial Profile

Why *FPM*? Ask our readers!

- 'What more can I say? Please continue. You are not only the icing on the cake, you are the cake!!'
- 'Another fabulous issue. Thanks for all you do! (And we get CME too!)
- 'I love your publication.'
- 'I would not be able to manage being in practice without your magazine.'

To put it another way, *FPM* is the only journal dedicated to everything family physicians care about: taking the best possible care of patients, working in a smoothly functioning practice, making a living and getting home in time for dinner.

We know what moves physicians. No wonder they like *FPM*!

And there's more!

CME credit. *FPM* offers several continuing medical education (CME) credits free in each issue. That makes it even more attractive to AAFP members and subscribers. And because the CME quiz that readers must complete covers most of the content of the issue, CME encourages cover-to-cover reading.

The Academy connection. Since *FPM* is published by the American Academy of Family Physicians, the national membership organization for family physicians, we're wired into all the resources of the Academy and accorded the respect commanded by the AAFP logo on the cover. For family physicians, it's the seal of approval.

Author connections. *FPM's* reputation, the quality of its content and the strength of its editors have attracted many of the best experts and most remarkable trendsetters in family medicine. Our pages boast articles from such authorities as Richard G. Roberts, MD, JD, Mark Murray, MD, MPA and Barbara Starfield, MD, MPH. The experts value *FPM* as much as the "in-the-trenches" physician reader does.

Coding expertise. *FPM's* advice on diagnosis and procedure coding translates to dollars for the physicians who read it. That's because the codes a physician submits on insurance claims determine how much he or she is paid. The complexity of the coding systems involved makes *FPM's* coding advice invaluable; physicians can't get enough.

Tools. Family physicians know their medicine, but they don't have the skills or the tools they need to manage their practices the way they want. *FPM* gives them both. Every issue contains advice that can be implemented immediately, and at least one quick-reference guide, medical record form, spreadsheet calculator, patient information handout or other tool the physician won't just read but keep and use.



Regular departments of *FPM*

From the Editor and Opinion: Provocative editorials and essays on issues important to family physicians.

Coding & Documentation: Questions and authoritative answers about issues that directly affect physicians' pocket-books. Always rated among the most valuable parts of the issue.

Practice Pearls: Tips from physicians and from the literature – good ideas in small packages. No wonder “Pearls” is always highly valued by *FPM* readers!

The Last Word: A variety of one-page essays – humorous, thought-provoking, or both.

***FPM* Quiz:** The key to unlocking our CME credit. Is it popular? We get tens of thousands of quiz responses per year.

What about placing ads in related editorial content?

Medical publishing may be unusual in this respect, but such placement would actually be counterproductive.

If physicians sense that advertising and editorial may be related, they will not trust either. In any case, we're bound by continuing medical education rules that forbid it: “Advertisements and promotional materials will not be interleaved within the pages of the CME content. [They] may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face.”*

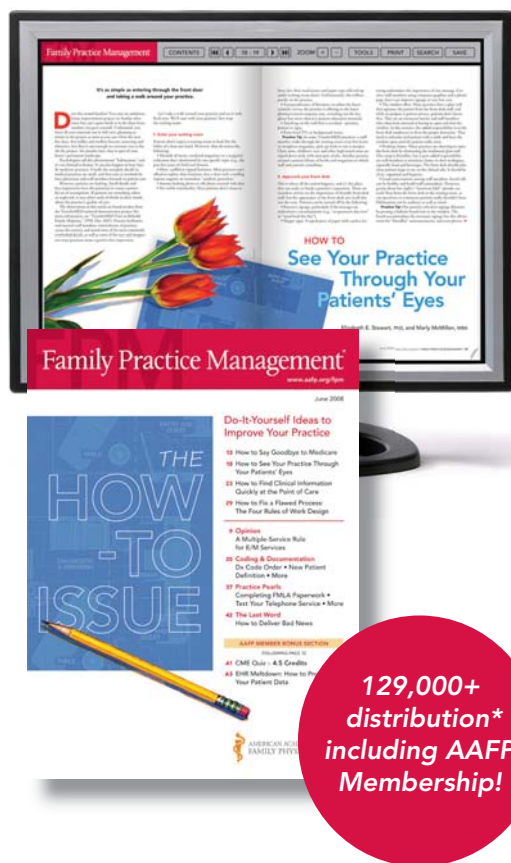
* Accreditation Council for Continuing Medical Education. Standards for Commercial Support. Available online at <http://accme.org>.

Tentative Schedule for 2009/2010

ISSUE	EDITORIAL PLAN
November/December 2009	
Closing: Oct. 1, 2009	Results from the 2009 <i>FPM</i> Survey of User Satisfaction with Electronic Health Record Systems – data from more than 2,000 FPs. CME content Regular departments
January/February 2010	
Closing: Dec. 1, 2009	Annual procedure codes update CME content Regular departments
March/April 2010	
Closing: Feb. 1, 2010	CME content Regular departments
May/June 2010	
Closing: Apr. 1, 2010	Special Issue: Chronic Disease Care CME content Regular departments
July/August 2010	
Closing: Jun. 1, 2010	CME content Regular departments
September/October 2010	
Closing: Aug. 1, 2010	Bonus distribution at AAFP Assembly Annual diagnosis codes update CME content Regular departments
November/December 2010	
Closing: Oct. 1, 2010	CME content Regular departments

Family Practice Management[®]

Two kinds of power! Buy *FPM*, get both digital and print impact



Now one ad can have the proven power of print PLUS all the extra power made possible by digital-edition technology:

- Eye-catching animation
- Audio and video detailing
- Active links to a product web site
- Direct interactivity with the reader

All at value-added rates that create high-impact, low-cost exposure for you and your clients.

Our print subscribers like the familiarity, convenience and high graphic quality of print.

Our digital-edition readers appreciate the searchability of the new format, the convenience of active hyperlinks that tie it into the web and the easy way they can share articles with colleagues.

You'll appreciate the reach and power of having both at your disposal.

Make sure your clients are represented! Contact **201-288-4440**; NJ_Sales@aafp.org.