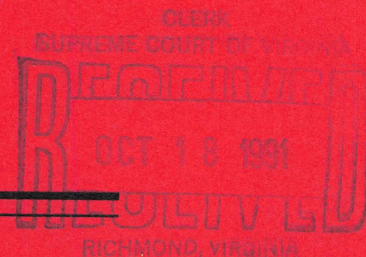


243 Va. 296



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IN THE  
**Supreme Court of Virginia**  
AT RICHMOND

---

RECORD NO. 911173

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**BOARD OF SUPERVISORS OF FAIRFAX COUNTY, et al.,**

*Appellants,*

v.

**GROUP HEALTH ASSOCIATION, INC.,**

*Appellee.*

---

**JOINT APPENDIX  
VOLUME II**

---

David T. Stitt  
A. Robert Cherin  
Jill L. Rowe  
OFFICE OF THE  
COUNTY ATTORNEY  
4100 Chain Bridge Road  
Fairfax, Virginia 22030  
(703) 246-2421

Stephen K. Fox  
Bernadette A. Fritschie  
FOX & PROFIT  
Suite 630  
11320 Random Hills Road  
Fairfax, Virginia 22030  
(703) 352-1655

*Counsel for Appellants*

*Counsel for Appellee*



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August 17, 1983

Geraldine G. Stroud, J. D., General Counsel  
Group Health Association, Inc.  
2121 Pennsylvania Avenue N. W.  
Washington, D. C. 20037

Dear Ms. Stroud:

Based on the information that you have submitted with the application for exemption dated October 20, 1982, it is our opinion that Group Health Association, Inc. is exempt from the Fairfax County Business, Professional and Occupational License tax under the provisions of Ordinance Section 4-7-1(3).

However, it is our opinion that the organization is not exempt from the Fairfax County personal property taxes. Any personal property located in Fairfax County, including motor vehicles normally garaged in the county, are taxable. To be exempt from paying personal property taxes, the organization must be specifically included under the exemption provisions of the Code of Virginia, Title 58, Section 12.

It appears that the organization has been filing the business personal property correctly through the current tax year.

Thank you for your cooperation.

Very truly yours,

Paul E. Smith, Director  
Personal Property, State Income and  
License Div., Office of Assessments

RWJ/mf

347

FAIRFAX CIRCUIT CO
C/W - PLTP EX
DATE 3-19
JUDGE
CASE NO. 1212



# GROUP HEALTH ASSOCIATION, INC.

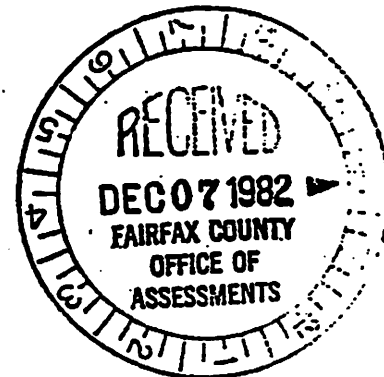
2121 PENNSYLVANIA AVE., N.W.

WASHINGTON, D. C. 20037

EXECUTIVE OFFICES  
GENERAL COUNSEL

December 3, 1982

County of Fairfax  
Office of Assessments  
Real Estate Division  
4100 Chain Bridge Road  
Fairfax, Virginia 22030



Dear Sir:

Attached is Group Health Association, Inc.'s application for exemption from the real estate taxation.

Very truly yours,

*Geraldine G. Stroud*  
Geraldine G. Stroud, J.D.  
General Counsel

Attachment

**COUNTY OF FAIRFAX**  
**OFFICE OF ASSESSMENTS**  
**Personal Property, State Income and License Division**  
**4100 Chain Bridge Road**  
**Fairfax, Virginia 22030**

**Control Number** \_\_\_\_\_

**Date Received** \_\_\_\_\_

**APPLICATION FOR EXEMPTION FROM**  
**PERSONAL PROPERTY**  
**LICENSES**

**Instructions to applicant**

The information requested on this application is to be filled out in its entirety and returned to the Office of Assessments, Personal Property, State Income and License Division, 4100 Chain Bridge Road, Fairfax, Virginia 22030. For your own records a second application is enclosed. Questions that can't be answered within the spaces provided can be answered by attaching additional sheets to this application. Written notification of approval or denial of this application will be mailed to the applicant. If you have any questions, please phone 691-2517.

October 20, 1982

Date

**Applicant Name** Group Health Association, Inc.

**Mailing Address** 2121 Pennsylvania Avenue, N.W.

Street No. Street

Washington, D.C. 20037

City, Town or Post Office State Zip Code

**Applicant's Fairfax County Location**

7601 Little River Turnpike

Street No. Street

Annandale, Virginia 22003

City, Town or Post Office State Zip Code



1. State paragraph of Article X, Section 6 of The Constitution of Virginia or Code of Virginia, Title 58, Section 12 under which you claim exemption.

Constitution of Virginia, Article X, Section 6 (6)

Code of Virginia, Title 58, Section 12

2. Applicant's purpose of organization? GHA is a nonprofit, charitable service organization which provides comprehensive medical and dental services to its members on a prepaid basis.

3. Applicant's Fairfax County activity? GHA provides comprehensive medical and dental services to its members on a prepaid basis at its facility located at 7601 Little River Turnpike, Annandale, VA 22003.

4. Applicant's Fairfax County beginning date? \_\_\_\_\_

5. Is applicant engaged in a business activity? yes x no

A. Describe activity GHA provides comprehensive medical and dental services to its members on a prepaid basis at its facility located at 7601 Little River Turnpike, Annandale, VA 22003.

B. For what purpose are gross receipts used: Gross receipts are used for the purpose of providing comprehensive medical and dental services to GHA subscribers.

6. Does applicant own vehicles and tangible personal property?

x yes no

Instruction: Attach list showing item, cost, date purchased or attach a depreciation schedule.

Comments (indicate to which question your comments apply)

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Please enclose copy of articles of organization, bylaws and any other documentations applicable to non-profit status.

Any changes in the organization purposes, charters, or method of operation must be reported to the Personal Property, State Income, and License Division of The Office of Assessments.

#### AFFIDAVIT

I certify that to the best of my knowledge and belief that the foregoing statements are complete and correct.

Given under my hand the 15th day of November, 1982.

Signature Ruth Lottenberg

Title 1st President, Board of Trustees

Telephone 602 872-7337



**Internal Revenue Service****Department of the Treasury**

Washington, DC 20224

Group Health Association  
2121 Pennsylvania Avenue; N.W.  
Washington, D.C. 20037

Person to Contact: Marvin Friedlander  
Telephone Number: (202) 566-3673

Refer Reply to:  
OP:E:EO:T:R:2  
Date:

**21 SEP 1982**

Employer Identification Number: 53-0078064  
Key District: Baltimore  
Accounting Period Ending: December  
Form 990 Required: ☒ Yes ☐ No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

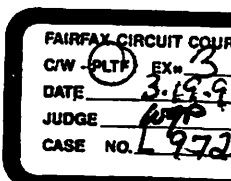
As you have agreed this ruling is effective as of April 22, 1982, the date your application was received. Contributions are deductible as of that date.

If your sources of support, or your purposes, character, or method of operation change, please let your key district know so that office can consider the effect of the change on your exempt status and foundation status. Also, you should inform your key District Director of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact your key District Director. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other federal estate and gift tax purposes if they meet the applicable provisions of section 2055, 2016 and 2522 of the Code.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.



**Group Health Association**

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. For tax years ending on and after December 31, 1982, organizations whose gross receipts are not normally more than \$25,000, are excused from filing Form 990. For guidance in determining if your gross receipts are "normally" not more than the \$25,000 limit, see the instruction for the 1982 Form 990. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

We are informing your key District Director of this action. Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

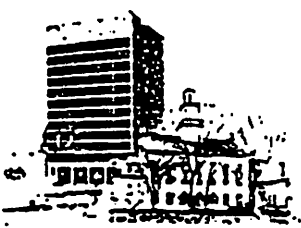
If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

*J.E. Griffith*

J.E. Griffith  
Chief, Rulings Section  
Exempt Organizations  
Technical Branch





COMMONWEALTH OF VIRGINIA  
COUNTY OF FAIRFAX

4100 CHAIN BRIDGE ROAD  
FAIRFAX, VIRGINIA 22030



October 30, 1989

Mr. Ted Weinberg  
Director of Financial Operations  
Group Health Association  
4301 Connecticut Ave.  
Washington, DC 20008

Dear Mr. Weinberg:

Recently my staff reviewed businesses' accounts that were granted exemptions from the Fairfax County Business, Professional and Occupational License tax. Group Health Association (G.H.A.) was granted this exemption in 1983. The exemption was granted under Fairfax County Ordinance 4-7-1(3) ["...Such terms shall not include a volunteer fire department, a volunteer rescue squad or a non-profit organization operating a community center swimming pool, tennis court, or other educational, cultural, recreational, and athletic facilities and facilities for the welfare of the residents of the area...."]

Although G.H.A. is a non-profit organization, it clearly does not meet the criteria set forth in the County Ordinance. G.H.A. is a membership organization and services are provided to members only. Therefore, I regret to inform you that G.H.A. Business, Professional and Occupational License tax exemption is revoked.

The Virginia Code §58.1-3903 provides that the tax assessing officer assess the tax on the three prior years if it is found that for any reason a correct assessment has not been made. The three prior years, 1986 through 1988, the County failed to correctly assess G.H.A.'s Business, Professional and Occupational License tax. Unfortunately there is no statutory authority to waive the taxes even if the error was through no fault of the taxpayer. However, §58.1-3903 does provide penalties and interest not to occur until (30) thirty days from the date of the corrected assessment until payment is received.

Additionally, G.H.A. needs to obtain a 1989 Business, Professional and Occupational License. These licenses are based on the previous years gross receipts.

Enclosed you will find Business, Professional and Occupational License tax applications for license years 1986 through 1989. Please complete the applications and return them to me as soon as possible.

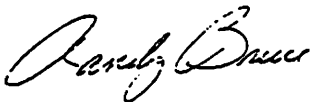
The County regrets any inconvenience this action creates. Your prompt review of this matter is appreciated.

FAIRFAX CIRCUIT COURT		
C/W - PLT	EX	4
DATE	3-19-9	
JUDGE	WJP	
CASE NO.	L972	

Page 2  
Mr. Ted Weinberg  
Group Health Association  
October 30, 1989

Please contact Ms. Foley, of my staff, at (703) 246-3765 if you have any questions or wish to discuss this matter in more detail.

Very truly yours,



Randy Bruce, Assistant Director  
Discovery and Enforcement Section  
Personal Property, State Income and  
License Division, Office of Assessments

MF/bb

Enclosures



COMMONWEALTH OF VIRGINIA  
COUNTY OF FAIRFAX

4100 CHAIN BRIDGE ROAD  
FAIRFAX, VIRGINIA 22030



February 8, 1990

Mr. Stephen K. Fox, Attorney at Law  
Fox & Proffitt, P.C.  
11320 Random Hills Rd., Suite 630  
Fairfax, Virginia 22030

Re: Revocation of Group Health  
Association's BPOL Exemption

Dear Mr. Fox:

This letter addresses the issues raised during our meeting of January 23, 1990. Those issues and our responses are defined below:

Issue 1. If Group Health Association (GHA) was previously granted an exemption from the Business, Professional and Occupation License tax, what occurred that would no longer support this exemption?

Response: GHA's BPOL exemption was issued in error. An opinion issued by the County Attorney's Office on July 22, 1983, supports our action as follows: "...Although GHA performs services related to the welfare of individuals, only those individuals who are members of GHA are entitled to such services. Therefore, GHA would not be entitled to a tax exemption...as its services are not performed for the public good or welfare,...."

Issue 2. GHA appropriates income similarly to businesses specifically exempted in the County Ordinance 4-7-18, non-profit nursing homes and hospitals. By using this comparison, GHA believes an exemption from the BPOL tax is supported.

Response: As discussed, GHA need not provide services to earn receipts. Receipts are derived from a pre-payment arrangement between GHA and their clients. Whereas, non-profit nursing homes and hospitals derive receipts from services rendered.

Issue 3. GHA contends that the license liability should commence on the date the BPOL exception was revoked, October 30, 1989.

Response: We agree not to hold GHA liable for the BPOL tax until October 30, 1989, the date of the official revocation. GHA will be held liable for the license tax for 1989 prorata and subsequent license years, as well as for penalties and interest incurred prospectively from that date.

Page 2  
Mr. Stephen K. Fox  
February 8, 1990

**Issue 4. What is GHA's license basis?**

**Response:** In accordance with the County Ordinance 4-7-1(2) the license basis is the total gross receipts derived from services rendered at facilities located in Fairfax County. These receipts should include premiums paid by members using these facilities, co-payments, pharmacy charges, and other receipts earned by the facility, either directly or indirectly. Should GHA require assistance in determining their license basis, the County would assign an auditor to review the appropriate financial documents and determine the correct basis.

Enclosed are the 1989 and 1990 Business, Professional and Occupational License applications which should be completed and returned to my attention at your earliest convenience.

Should you have any questions, please contact Ms. Marilyn Foley or myself at the above address or telephone 246-3765.

Very truly yours,

Randy Bruce, Assistant Director  
Discovery and Enforcement Section  
Personal Property, State Income and  
License Division, Office of Assessments

MF/bb

cc: Mr. Ken Thau, Group Health Association  
Paul E. Smith, Supervisor of Assessments

Finally, a  
program that  
can help  
reduce  
your risks  
for cancer,  
stroke and  
heart disease.

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## The Primary Prevention Program

**Silver Spring Medical Center, Metro Plaza Complex, Plaza One**  
8401 Colesville Road, Silver Spring, MD 20910  
Take the Beltway (I-495) to the Georgia Avenue, South Exit. Follow Georgia Avenue  
to Colesville Road. Take a right on Colesville Road. Silver Spring Medical Center  
is two blocks down on the right in the Metro Plaza Complex.

**Skyline Medical Center, 6 Skyline Place**  
6109 Leesburg Pike, Baileys Crossroads, VA 22041  
Take I-66 to the Route 7, West Exit. Follow Route 7 to South George Mason Drive.  
Take a left on South George Mason Drive. The Skyline Center is one block  
down on the right in building #6 of the Skyline Place complex.

FAIRFAX CIRCUIT COURT  
CW (PLTF) EX-1014  
DATE 3-19-91  
JUDGE MJP  
CASE NO. L 97213



Finally, a  
program that  
can help  
reduce  
your risks  
for cancer,  
stroke and  
heart disease.

Introducing  
The Primary  
Prevention  
Program.



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FAIRFAX CIRCUIT COURT  
C/V (PLTF) EX-614  
DATE 3-19-91  
JUDGE WJP  
CASE NO. L97213

# The proven method that can help you lead a healthier life.

**N**ow there is a method to help reduce your risks for cancer, stroke, heart disease and other factors that can cut short a healthy life; a completely confidential program that uses validated medical and health information to help you have a healthier, more productive life.

It's the Primary Prevention Program, developed at the prestigious Pasteur Institute in France, for those aged 18 to 60. By combining the latest in health technology with a comprehensive approach to preventive care, this program can help you set *realistic* health goals, develop *your own* action plan for achieving those goals. It's a truly individual plan, one you believe in and stick to, because *you* created it with the help of the Primary Prevention Program.

The Primary Prevention Program takes place at one location in just four hours or less. As a Group Health Association member, you belong to the first HMO in the country to offer this proven program. Let's take a closer look.

## The Visit

**W**hen you arrive for your visit, you will have filled out a detailed questionnaire regarding your lifestyle and family medical history. Your answers are fed into a computer and analyzed to pinpoint your health risks. This information will be discussed as you meet with the physician or associate practitioner who will be working with you.

**Lab Tests** Complete lab tests include blood chemistry, hematology, urinalysis and more. They're analyzed as you go through the rest of the program. Most of your test results are available to you during your visit.

**First Visit With Physician or Associate Practitioner** You'll meet the physician or associate practitioner who will perform your physical examination and discuss your final results. You'll be asked about your personal and family medical histories. This is a good time to ask questions and express any personal health concerns you may have.

**Vision Examination** Your vision is checked and your eyes are tested for glaucoma and vision acuity.

**Biometric Examination** Basic information, such as your height and weight, is recorded. Your lung capacity and your body fat percentage are analyzed. The most up-to-date equipment available is used to ensure getting the most accurate data possible.

**Preliminary Dental Screening** Your teeth and gums are fully X-rayed and inspected.

**Audiometric Examination** Your hearing is tested.

**Electrocardiogram (EKG)** To assess your cardiovascular system, you are given an electrocardiogram to check your heart rate, first as you rest, then as you exercise.

**Gynecological Examination** For women, there is a gynecological history and examination that includes a PAP smear, breast exam and breast self-examination instruction. A mammogram is also included for women who meet specific screening guidelines.

**Second Visit With Physician or Associate Practitioner** Now that the information is gathered, you'll receive a physical examination from the same physician or associate practitioner you talked with at the beginning of your visit. Together, you'll discover some of the risks to your health and discuss ways to lower or alleviate these risks. You'll receive a complete written portfolio with details about your health risk appraisal and results from each area of testing. Not only does it contain *facts* about your health, it shows you what you can do to *improve* it. This information will be reviewed with you carefully to make sure you fully understand everything.

**Health Education** At the end of your visit, you'll meet with a health educator to further explore your health goals and develop an action plan for reaching your goals. You can also take advantage of an interactive computer program that guides you through the process of getting healthier. If indicated, you may be referred to a nutritionist for further assessment and counseling.

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**The Primary Prevention Program** gives you valuable base line information about your current health. You can really use this information to become healthier and lower your risks for cancer, stroke and heart disease. And this comprehensive evaluation is done all in one place in just four hours or less.

If you have a medical problem, please call your Group Health personal physician *before* scheduling an appointment with the Primary Prevention Program.

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## Who can use it?

**All new members** ages 18 to 60 may participate in the Primary Prevention Program as part of their coverage.

In addition, the Primary Prevention Program is available to current Group Health members who are 18 to 20 and have never had a health assessment; 20 to 40 and haven't had a health assessment in 5 years; 40 to 50 and haven't had a health assessment in 3 years; or 50 to 60 and haven't had a health assessment in 2 years.

Take the first step toward a healthier life. Call the Primary Prevention Program at the Group Health Silver Spring Center, (301) 495-4370, or at the Group Health Skyline Center, (703) 824-3060.

# Group Health Association



# Discover Health

Come Be Well With GHA.<sup>SM</sup>

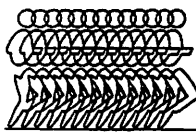
Advance registration is required for all classes. You may register using the registration form below or by calling us. Please have your GHA ID and medical records handy when you call. All registration forms must reach us at least two weeks prior to the start of class. Once we have your registration, you will receive from us a confirmation letter and directions. You will be notified if

there is a change or cancellation with your registration.

Classes are held in the general regions indicated by the following symbols: DC (District of Columbia), NOVA (Northern Virginia), PG (Prince George's County) and MONT (Montgomery County). In most instances, specific locations are not listed here; you'll receive that information when

you register.

Some program dates and times are subject to change, depending on location and instructor availability. Cancellations are sometimes necessary if a minimum enrollment of 10 participants is not reached. On the other hand, some classes have a higher demand than others and fill up quickly. If a class is filled, ask to be placed on a waiting list.



THE  
SKYLINE  
CLUBS

**Special Offer**

## The Skyline Clubs

Between now and January 15, 1989, The Skyline Clubs will offer a 33% discount off the initiation fee to GHA members. They will work with you to develop a program to meet your specific fitness needs. They will evaluate your program, assist you in setting goals, and move your fitness level forward. Guest passes have been reserved for GHA members at each of the following clubs:

**Skyline City**  
5115 Leesburg Pike  
Falls Church, VA  
820-4100

**Crystal Gateway**  
1235 Jefferson Davis Highway  
Crystal City, VA  
979-9660

**Crystal Park**  
2231 Crystal Drive  
Crystal City, VA  
486-3380

Call the sales director at the club most convenient to your home or office and make an appointment to pick up your GHA guest pass today. This invitation is only being extended to GHA members through January 15, 1989.

**National Fitness Institute and Exercise Center**  
15201 Shady Grove Road  
Rockville, MD  
258-2687

The National Fitness Institute is pleased to offer the following discounts to GHA members: Personal Fitness Profile Evaluation & Training Program—\$150 (regular price \$250); Personal Training Program (without fitness evaluation)—\$100 (regular price \$150); Classes and Equipment Utilization—\$30 a month (regular price \$50); Exercise Class Program—\$30 a month for unlimited classes (regular price \$50).

*GHA members should be reminded that Group Health Association will not assume any legal liability for members who choose to participate in any discount fitness program listed in this newsletter. GHA does not endorse nor pay for fitness discounts offered to GHA members.*

develop skills through participating in structured exercises and role plays.

**Location:** DC Region

**Date:** Mon., Sept. 12, 19, 26, Oct. 3  
6-week follow-up Nov. 14

**Time:** 6:30–8:30 PM

**Fee:** \$35, GHA Members; \$50, Non-Members

**To Register:** 463-9738

## Freedom From Smoking

A smoking cessation program that will help you kick the habit through group support, behavior modification techniques and other health education and behavior change strategies.

**Location:** GHA Silver Spring Center

**Date:** Tues., Sept. 6, 13, 20, 27, Oct. 4, 11, 18, 25; follow-up Nov. 22

**Time:** 6:30–8:30 PM

**Fee:** \$40, Members; \$65, Non-Members

**To Register:** 463-9738

**Location:** GHA West End Center

**Date:** Tues., Sept. 27, Oct. 4, 11, 13, 18, 25, Nov. 1; follow-up Nov. 29

**Time:** 6–8 PM

**Fee:** \$40, Members; \$65, Non-Members

**To Register:** 463-9738

## Stress Management

This 4-session stress management course and a 6-week follow-up is designed to help you identify and understand the sources of stress in your life and teach you how to cope.

## Assertiveness Training

This 4-week training (and 6-week follow-up) is designed to help you recognize and change your ineffective and stress-producing communication style,

so that you are free to express your thoughts, needs, and feelings in honest, clear, and direct ways. Group members will receive educational materials and

**Location:** GHA Rockville Center  
**Date:** Wed., Sept. 7, 14, 21, 28, 6 week follow-up Nov. 9  
**Time:** 6:30-8:30 PM  
**Fee:** \$25, Members; \$40, Non-Members  
**To Register:** 463-9738

**Location:** GHA West End Center  
**Date:** Wed., Oct. 5, 12, 19, 26, 6 week follow-up Dec. 7  
**Time:** 6:30-8:30 PM  
**Fee:** \$25, Members; \$40, Non-Members  
**To Register:** 463-9738

**Location:** GHA Skyline Center  
**Date:** Thurs., Oct. 6, 13, 20, 27 & 6 week followup Dec. 8  
**Time:** 6:30-8:30 PM  
**Fee:** \$25, Members; \$40, Non-Members  
**To Register:** 463-9738

**Winding Your Weigh Down (Weight Management for Adults)**  
This 7-week program (orientation + 6 class sessions) is geared to overweight adults and utilizes a behavior modification approach to weight management and control. For more information and to register, call one of the centers listed below. Fee: \$35 for GHA members; fee includes workbook.

GHA Rockville Center  
231-0428

GHA Prince George Center  
699-3742

GHA Marlow Heights Center  
899-5572

GHA West End Center  
463-9710

GHA Fair Oaks Center  
385-6510

GHA Annandale Center  
750-5920

**Shapedown (Weight Management for Teens)**  
This weight management program, taught by registered dietitians, is specifically designed for overweight teens 13-18 years of age and has been featured in Newsweek and on the Phil Donahue Show. The program consists of 9 one-hour class sessions. Interested participants and their parents will be provided with an overview of the program prior to actually signing up. Call for specific dates and times; classes begin in September. (Minimum 15 participants per class so sign up early).

**Location:** GHA Marlow Heights & West End Centers  
**Fee:** \$35, Members Only  
**To Register:** 463-9710

**Early Pregnancy for Teens**  
This one 2-hour session developed and taught by GHA staff is designed for the mother-to-be (19 years old and younger) during the early months of pregnancy. Enrollment is limited to pregnant teen GHA members and their guests. Participants should register as early as possible during their pregnancy.

**Location:** GHA Marlow Heights Center  
**Date:** Wed., Sept. 21 & Oct. 19  
**Time:** 4-6 PM  
**To Register:** 463-9735  
**Fee:** No Charge

**Location:** GHA West End Center  
**Date:** Mon., Sept. 26, Oct. 31, Dec. 12  
**Time:** 4-6 PM  
**To Register:** 463-9738  
**Fee:** No Charge

**Prepared Childbirth for Teens**  
This series of 4 classes teaches the Lamaze method of prepared childbirth, and is geared to teenage mothers-to-be (19 years old or younger). Enrollment is limited to pregnant teen GHA members and their guests. Participants should register by the end of their second trimester (6 months of pregnancy) and start classes during the 7th month.

**Location:** GHA Marlow Heights Center  
**Date:** Sept. 5, 12, 19, 26  
**Time:** 6-8 PM  
**Fee:** No Charge, GHA Members Only  
**To Register:** 463-9738

**Mother-Infant Support Group**  
This 6-session program is divided between the presentation of information and open discussion for first-time mothers. Women with older children and a new baby can also benefit. The purpose is to allow women to share their experiences and feelings about motherhood while encouraging mothers to support each other. Dress comfortably.

**Location:** GHA Fair Oaks Center  
**Date:** Wed., Sept. 28, Oct. 5, 12, 19, 26, Nov. 2  
**Time:** 1-2:30 PM  
**Fee:** \$10, Members; \$20, Non-Members  
**To Register:** 463-9738

**Prepared Childbirth for Adults**  
This 6-week class series teaches the Lamaze method of prepared childbirth and is designed to meet the needs of adult pregnant women who are preparing for their delivery. Members have a choice of prepared childbirth classes through the Childbirth Education Association (CEA) and ASPO/LAMAZE. Register by the end of the 5th month of pregnancy to guarantee placement in each program. Fee: GHA members will receive a discount off the CEA and ASPO/LAMAZE class fee. Call for specific dates, times and locations.

**Childbirth Education Association:** 941-7183

**ASPO/LAMAZE:** 549-2226

**First Aid for Parents**  
Become skilled at treating children's injuries. Learn to perform CPR and manage a choking child or infant. Other topics covered are basic first aid measures, common injuries, minor and life threatening emergencies.

**Location:** Thomas Jefferson Community Center (NOVA Region)  
**Date:** Sat., Sept. 17  
**Time:** 9 AM-1 PM  
**Fee:** \$10, Members; \$15, Non-Members  
**To Register:** 463-9738

**The Culinary Hearts Kitchen Course**  
Meals that are exciting and delicious, but low in calories, fat and cholesterol—that's what this cooking course is about. Developed by the American Heart Association, the course is now being offered by GHA. The week-long course covers basic principles of nutrition, food selection and preparation, ways to modify your favorite recipes, menu planning at home, eating out and entertaining. Participants will see recipe demonstrations and be able to taste a variety of dishes. Call for dates, times and locations.

**Location:** GHA Prince George Center  
**Fee:** \$50 with a minimum of 10 participants.  
**To Register:** 699-3742

**Diabetes Management**  
This series of 5 classes, taught by a registered dietitian and a registered nurse, is designed to help people with diabetes live with and effectively manage their disease. Each class covers topics such as home blood glucose monitoring, insulin



most appropriate for you, your body and your lifestyle.

**Location:** GHA Silver Spring Center

**Date:** Nov. 14

**Time:** 6:30-8:30 PM

**Fee:** \$10, Members; \$15, Non-Members

### **Menopause: What Do You Want To Know and Need To Know**

Menopause is a major transition in a woman's life. It is not a disease. The 20-year period between the reproductive and non-reproductive stages takes place in three phases: perimenopausal, menopause, and post menopause. It may begin as early as 40 and end as late as the early 60s. This session will discuss the physical and emotional changes associated with menopause as well as coping strategies.

**Location:** GHA Silver Spring Center

**Date:** Nov. 21

**Time:** 6:30-8:30 PM

**Fee:** \$10, Members; \$15, Non-Members

### **Osteoporosis: Prevention**

This session will focus on strategies to prevent the onset of osteoporosis.

**Location:** GHA Silver Spring Center

**Date:** Nov. 28

**Time:** 7-9 PM

**Fee:** \$10, Members; \$15, Non-Members

### **Breast Health—The Wellness Way**

Learn the correct method of breast self-examination, a critical component of women's health practice. Understand mammograms and recommendations for breast screening. Classes will include lecture, discussion, film, demonstration and practice on simulated breast models. **Fee:** No charge for GHA members; \$5, non-members.

**Location:** GHA Skyline Center

**Date:** Thurs., Sept. 29

**Time:** 3:30-5 PM

**To Register:** 463-9738

**Location:** GHA Fair Oaks Center

**Date:** Wed., Sept. 7

**Time:** 9-10:30 AM

**To Register:** 463-9738

**Location:** GHA Annandale Center

**Date:** Thurs., October 13

**Time:** 9-10:30 PM

**To Register:** 463-9738

**Location:** GHA Tyson's Corner Center

**Date:** Mon., Sept 19

**Time:** 12 noon-1:30 PM

**To Register:** 463-9738

**Location:** GHA Silver Spring Center

**Date:** Tues., Sept. 13

**Time:** 3:30-5 PM

**To Register:** 463-9738

**Location:** GHA Rockville Center

**Date:** Wed., Sept. 28

**Time:** 9-10:30 AM

**To Register:** 463-9738

**Location:** GHA Prince George Center

**Date:** Wed., Sept. 21

**Time:** 3-4:30 PM

**To Register:** 463-9738

**Location:** GHA Marlow Heights Center

**To Register:** 463-9738 for date & time

**Location:** GHA West End Center

**Date:** Tues., Oct. 11

**Time:** 3-4:30 PM

**To Register:** 463-9738

**Location:** 1120 19th Street

**Date:** Thurs., Oct. 20

**Time:** 9-10:30 AM

**To Register:** 463-9738

## **Discover Health Registration Form**

(Do not use this form for American Red Cross, YMCA, American Diabetes Association, Weight Management classes nor for the Skyline Fitness Clubs, National Fitness Institute & Exercise Center and Lifestyle Counseling)

Make checks payable to: GHA

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ GHA ID # \_\_\_\_\_ Are you a GHA Employee? \_\_\_\_\_

Program/Class	Date	Time	Fee
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Mail to: Health Promotion & Wellness  
Group Health Association  
1120 19th Street, N.W.  
Washington, DC 20036  
Attn: Patricia Grant

Total enclosed \$ \_\_\_\_\_

administration, exercise and nutrition. Guidance to all family members is also provided. Open to all interested persons. To register and for specific dates, times and locations, call the American Diabetes Association, 331-8303.

#### **Diabetes Nutrition**

Two 2-hour sessions designed to help participants learn about the essential role of proper diet in achieving control of diabetes. Topics include: meal planning, use of exchange lists, fiber in diet, dining out, artificial sweeteners, dietetic foods and use of alcohol. Open to all interested persons. To register and for specific dates, times and locations, call the American Diabetes Association, 331-8303.

#### **Planning Ahead for Your Retirement Years**

Adequate planning for your retirement years can increase your chances that this time of your life will be enjoyable and financially secure. In this two-part workshop, you will gain a better understanding of the kinds of problems others have faced following retirement and how to prepare for the transition. You will also assess your own situation, determine financial need and available resources, consider your health needs and develop a specific plan for your own retirement.

**Location:** MONT Region

**Date:** Sat., Oct. 8, 15

**Time:** 9:30 AM-12:30 PM

**Fee:** \$10, Members; \$15, Non-Members

**To Register:** 463-9738

#### **Healthy Aging—GHA's Senior Wellness Program**

This healthy aging program is designed to encourage older GHA members to pursue optimal health, reduce risk factors, and improve their quality of life by offering a variety of learning opportunities to promote a healthy lifestyle. This new and exciting program will be offered on a quarterly basis at selected GHA centers.

**Location:** GHA West End Center

**Date:** Mon., Oct. 17

**Fee:** No Charge for GHA Members; \$10, Non-Members

**To Register:** 872-7119

#### **Program Agenda**

**9-9:30 AM:** High Blood Pressure Screening

**9:30-9:45 AM:** Spotlight on Aging—A

GHA member will discuss his plan for healthy aging

**9:45-10:45 AM:** Lecture on Healthy Aging Presented by a GHA Physician

**10:45-11 AM:** "Healthy Snacks" Break, Compliment of GHA

**11-11:45 AM:** Seniorcise—Low Low Impact Exercise

**11:45-12:30 PM:** Small Group Discussion—Meet representatives from social services, continuing care, nutrition, wellness and member services.

**12:30 PM:** Rap-Up (planning for next quarterly meeting)

#### **Making the Most of Your Retirement Years**

This two-part workshop, designed for people who have retired, will help you enjoy your retirement better. Topics will include: psychological adjustment to retirement, using community resources, dealing with bureaucracy, maintaining adequate health/medical coverage, financial management and planning for the future.

**Location:** GHA Fair Oaks Center

**Date:** Wed., Sept. 28, Oct. 5

**Time:** 9:30-12:30 PM

**Fee:** \$10, Members; \$15, Non-Members

**To Register:** 463-9733

#### **Lifestyle Counselling**

Do you want to start an exercise program, quit smoking, lower cholesterol, reduce your stress, or learn about hypertension or other health related issues? The Wellness staff provides individual lifestyle counselling and education to help you learn about your health and ways to improve your health so you can live a healthier lifestyle. If you're over 55, you must have a referral from your GHA physician.

**Location:** GHA Silver Spring, Prince George, and Skyline Centers  
**Call:** 824-3031

#### **CPR**

A workshop that teaches the latest techniques to provide blood circulation and/or breathing for adults in emergency situations. Completion certificates valid for one year. **To register and for more information, call one of American Red Cross Chapters listed below.**

#### **Metro Survival (First Aid)**

A workshop that teaches immediate emergency care for victims of injury or sudden illness. **To register and for more information, call one of the American Red Cross Chapters listed below.**

#### **Controlling High Blood Pressure**

In this 3-hour workshop you will learn why high blood pressure is the silent killer, how medications help, dietary approaches to treatment, and the effects of your lifestyle choices on your blood. Blood pressure screenings included. **To register and for more information, call one of the American Red Cross Chapters listed below.**

#### **Local chapters of the American Red Cross:**

**D.C. Chapter**  
728-6531

**Alexandria Chapter**  
549-8300

**Arlington Chapter**  
527-3010

**Fairfax County Chapter**  
876-0706

**Montgomery County Chapter**  
588-2515

**Prince George's County Chapter**  
559-8500

**Prince William County Chapter**  
221-2161

#### **YMCA Exercise & Fitness Classes**

The following classes are offered through your local YMCA. Classes are 45-minute sessions offered 2-3 times weekly for 8-10 weeks, depending on location. If space permits, new participants can begin classes at any time during the course of the program.

**Fee:** 10% discount to GHA members.

**To register and for more information, contact one of the following YMCA branches near you:**

Alexandria YMCA ..... 549-0850

Arlington YMCA ..... 525-5420

Bethesda/Chevy Chase

YMCA ..... 530-3725

Fairfax County YMCA ..... 323-1222

National Capital YMCA .... 862-9649

Prince George's YMCA ..... 595-4383

Silver Spring YMCA ..... 585-2120

Upper Montgomery

County YMCA ..... 948-9622

### **Alive!**

Get into shape with this slimnastic-type program set to lively music! Especially for beginners and those who don't enjoy strenuous jogging and jumping programs. Includes floor work, standing exercise for stretching and toning, and low intensity aerobic workout.

### **Aerobic Action**

This class will appeal to those who love to dance! A great workout consisting of choreographed aerobic routines and emphasis on hips, thighs, and abdominals.

### **Quikfit**

(Non-Dance, Medium to High Intensity Aerobics)

This is a co-ed, non-dance, intermediate to high intensity aerobic workout designed to strengthen the cardiovascular system and build muscle strength and endurance.

### **Prenatal & Postnatal Exercise**

Fitness for two: you and your baby! A medically approved fitness program, specifically designed for the special needs of mothers-to-be and new mothers. Exercises are set to lively music. You'll need your doctors written permis-

sion and current blood pressure reading before you sign up.

NOTE: If space permits, new registrants can begin classes at any time during the course of the program.

### **Back Care & Exercise**

This 6-week exercise program developed by the National YMCA, is designed for those who suffer low back pain. Come learn a series of simple sequential exercises to prevent backache and reduce discomfort. Call for dates and times.

**Location:** NOVA Region

**To Register:** 463-9738

**Fee:** \$30, Members; \$56, Non-Members

### **Special Women's Health Series**

Here are seven programs, designed especially for women. Topics include: self-assessment, nutrition and fitness, PMS, breast health, contraceptives, menopause, osteoporosis. Participants will receive a copy of "Your Complete Guide to Women's Health." Advance registration is required and registration is limited to the first 50 registrants. Late registrations will be returned. There will be a \$5 discount to individuals who sign up for all seven programs.

#### **Superwoman Syndrome: Self-Image, Managing Stress and Staying Healthy With a Busy Lifestyle**

Small group discussion, lecture and group support will enable you to realistically assess who you are and what you can and cannot do. This session is designed for the busy homemaker, career woman, caregiver or any woman juggling many roles and trying to be everything to everyone.

**Location:** GHA Silver Spring Center

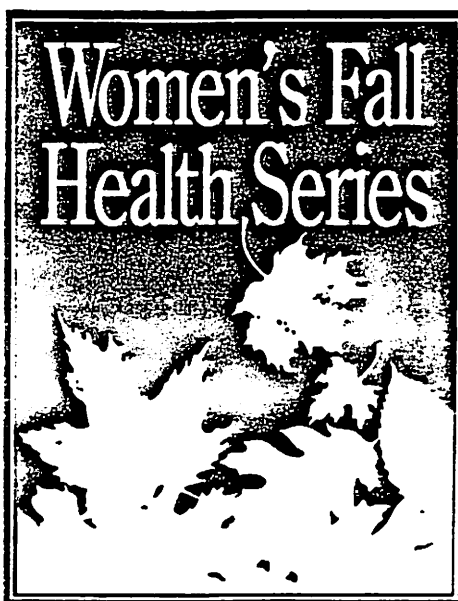
**Dates:** Oct. 5 & 12

**Time:** 6:30-8:30 PM

**Fee:** \$20, Members; \$30 Non-Members

#### **Total Fitness Through Nutrition and Exercise**

Come to this session prepared to move. This session will guide you through a series of low impact exercises which you can fit into your everyday routine and also cover basic nutrition.



**Location:** GHA Silver Spring Center

**Date:** Oct. 19

**Time:** 6:30-8:30 PM

**FEE:** \$10, Members; \$15, Non-Members

#### **Pre-Menstrual Syndrome (PMS):**

##### **What It Is and How To Deal With It**

This session will be led by an OB-GYN physician experienced in treating PMS. If you experience cyclical episodes of breast tenderness, irritability, bloating, backaches, skin problems, food cravings, headaches, pelvic aches, insomnia, mood swings, and/or fatigue and some of these symptoms are more pro-

nounced prior to your monthly period, you may have PMS.

**Location:** GHA Silver Spring Center

**Date:** Oct. 26

**Time:** 6:30-8:30 PM

**Fee:** \$10, Members; \$15 Non-Members

#### **Breast Health: Breast Self-Examination Questions and Answers**

About 1 out of 10 women will develop breast cancer. Through early detection and treatment, about 87% of breast cancer patients can survive. Ninety percent of breast cancers occur in women over 39 years of age, and the chances of developing breast cancer increases with age. This session will be led by a GHA wellness nurse practitioner who will guide members through a hands-on demonstration and practice session on breast self examination. Discussion will also focus on screening tests.

**Location:** GHA Silver Spring Center

**Date:** Nov. 7

**Time:** 6:30-8:30 PM

**Fee:** \$10, Members; \$15 Non-Member

#### **Contraceptive Choice: Your Body—Your Decision**

This session, led by a GHA nurse midwife, will focus on all contraception available to women and men. Each method will be described so that you will be able to select the contraception

## SMOKING INTERVENTION

By Bernice Bennett, M.P.H. C.H.E.S.  
Director, Health Promotion and Wellness

Elizabeth Driggins, Eileen Roskoski, Shirley Langevine, Lisa Borisky, Karen Hamilton, Ann McCully, Angela Cook, Susan Schrevis, Phyllis Barrier, Patricia Anderson, and Chee Lee Mao recently participated in a 3 hour provider training on Smoking Cessation April 18th offered by the Health Promotion & Wellness Department in cooperation with the National Heart, Lung, and Blood Institute (NHLBI).

This training was targeted specifically to providers in the OB department who have a unique opportunity to encourage and counsel women to quit smoking and stay quit.

The goals of the training were presented by Mr. Glen Bennett, Smoking Expert of NHLBI:

- To reinforce the notion that clinicians' smoking intervention efforts can make a difference.
  - To provide practical examples.
  - To develop realistic outcome expectations.
- The 3 hour agenda focused on the following:
- An overview of trends in smoking cessation.
  - Pattern of smoking relapse.
  - Nicotine addiction.
  - Interventions to prevent relapse.
  - Examples of intervention strategies in a clinical setting.

Participants were shown a series of vignettes which responded to a four part intervention process:

- Asking the question using a Smoking Profile to determine if an individual smoked; level of addiction; willingness and desire to quit; number of relapses; whether a spouse or family member smoked and whether smoking occurred in a workplace.
- Counseling — offering direct advice and suggestions on how to quit, as well as setting up a quit date.
- Treatment — offering self-help materials or referring to a smoking cessation clinic.
- Follow-up — calling the patient within 5 days of the quit date to assess progress, offer support and positive reinforcement.

Each OB department representative received a supply of self-help books designed specifically for women. This book entitled *Quitting Times* was provided to Group Health Association by the Fox Chase Cancer Center. Each Center also received a supply of Smoking Profiles.

The next Clinical Training on Smoking Intervention will be offered to the Pediatrics Department in mid-July.

## CHILD CARE REFERRAL SERVICE Non-Union Employees

The Child Care Referral Service was implemented November 1, 1989, for non-union employees and 27 seven (7) families used the services during November and December. Six of the families were reached for follow-up. In general, these families are satisfied with the service. We have not received the quarterly report for the period

ended March 31, 1990. The reports we receive are confidential. No names are given to us. The report furnishes us with information on the number of employees using the service and the kind of care they are looking for.

GHA sponsors the Child Care Information and Referral Program through the Child Care Network of the Washington Council of Government. The Child Care Network's customized child care referral service helps parents make good child care choices.

Trying to locate a good child care program can be a very demanding and time-consuming task. Our Child Care Referral Program offers you the opportunity to speak with trained specialists who provide families with counseling selecting child care.

If you need care for a child from infancy to 14 years age, you or your spouse should call the telephone number listed below between 9:00 a.m. and 5:00 p.m. Monday through Friday.

**202-293-5873**

The Service will provide you with referrals. Only you can determine if a provider meets your requirement.

If you experience any problems with the Service please contact Eleanor Cottle at 8-2029.

## "HIGH BLOOD PRESSURE MONTH"

### FREE BLOOD PRESSURE SCREENING:

● WEST END CENTER			
	MAY 15th	—	9:00-4:00
	MAY 16TH	—	9:00-4:00
	MAY 17TH	—	9:00-4:00
● ANNANDALE CENTER			
	MAY 4TH	—	9:00-1:00
	MAY 11TH	—	9:00-1:00
	MAY 18TH	—	9:00-1:00
	MAY 25TH	—	9:00-1:00
● SKYLINE CENTER/PPP			
	MAY 15th	—	1:00-4:00
	MAY 23RD	—	9:00-12:00
● P.G. MEDICAL CENTER			
	MAY 3RD	—	12:00-1:00
	MAY 10TH	—	12:00-1:00
	MAY 17TH	—	12:00-1:00
	MAY 24TH	—	12:00-1:00
	MAY 31ST	—	12:00-1:00
● MARLOW HEIGHTS CENTER			
	MAY 15TH	—	2:00-4:00
	MAY 16TH	—	2:00-4:00
	MAY 17TH	—	2:00-4:00
● SILVER SPRING CENTER/PPP			
	MAY 15TH	—	1:00-4:00
	MAY 23RD	—	9:00-12:00
● TYSONS CENTER			
	MAY 2ND	—	1:30-2:30
	MAY 9TH	—	1:30-2:30
	MAY 16TH	—	
	MAY 23RD	—	
	MAY 30TH	—	

FAIRFAX CIRCUIT COURT  
C/W - PLTF EX-60  
DATE 3-19-91  
JUDGE WP  
CASE NO. 197213

FAIRFAX COUNTY PARK AUTHORITY  
AGREEMENT WITH CONTRIBUTOR

Name of Event Feel Good! Fairfax  
Date September 24 - October 31, 1988  
Location Fairfax County Park Authority's Indoor Recreation Center as specified under facilities.

WHEREAS, Group Health Associates is desirous of contributing to above said event, now therefore it is agreed between the Fairfax County Park Authority and Group Health Associates, hereinafter referred to as the Contributor, as follows:

I. Facilities and Responsibilities of the Fairfax County Park Authority.

The Fairfax County Park Authority will provide meeting rooms, Chairs, tables and registration for Feel Good! Fairfax programs at eight ECPA's indoor recreation centers as listed below:

1. George Washington Rec. Center, 8426 Old Mt. Vernon Rd., Alex., VA
2. Lee District Park, 6601 Telegraph Road, Rose Hill, Alex., VA
3. Mt. Vernon Rec. Center, 2017 Belle View Blvd., Alex., VA
4. Oak Marr Recreation Center, 3134 Jermantown Road, Oakton, VA
5. Providence Rec. Center, 7525 Marc Drive, Falls Church, VA
6. South Run Rec. Center, 9501 Pohick Road, Burk, VA
7. Spring Hill Rec. Center, 1239 Spring Hill Rd, McLean, VA
8. Wakefield Rec. Center, 8100 Braddock Road, Springfield, VA

II. Services and Facilities provided by Contributor.

The Contributor agrees to provide the following services and/or facilities See attachment for listing of services/programs.



III. Financial Contribution by the Contributor.

The Contributor agrees to provide \$ N/A for

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Fairfax County Park Authority reserves the right to void this agreement on twenty-four (24) hours notice should the contributor default on payment.

IV. Period of Agreement.

The facilities and services listed in Section II of this agreement will be provided by the Contributor beginning on September 24, 1988 and ending on October 31, 1988 during the day(s) and time(s) listed on the attached schedule.

V. Liability.

The Contributor agrees to hold the Fairfax County Park Authority harmless and indemnify the Fairfax County Park Authority and any of its officers, agents, or employees from any loss, damage, injury or other casualty arising out of the Contributor's use of the Fairfax County Park Authority's facilities or the Contributor's provision of facilities or services, whether the loss, damage or injury is caused by or arises from negligence of the Fairfax County Park Authority or otherwise. The Fairfax County Park Authority assumes no liability for indebtedness accrued by the Contributor at any time.

IN WITNESS WHEREOF the parties have executed this agreement:

CONTRIBUTOR: Group Health Associates

Address: 1120 19th Street, N.W., Suite 200, Washington, DC  
20036

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

FAIRFAX COUNTY PARK AUTHORITY

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

**FEEL GOOD FAIRFAX!**

**PROGRAM SPONSOR: GROUP HEALTH ASSOCIATES**

**PROGRAM TITLE: BLOOD PRESSURE SCREENING**

<u>PROGRAM DATE</u>	<u>TIME</u>	<u>SITE</u>
September 24	1-5pm	Oak Marr

**PROGRAM DESCRIPTION:**

Find out from this quick and painless test what your blood pressure is and how this effects your health.

**PROGRAM TITLE: FOR SMOKERS: CARBON MONOXIDE TESTING**

<u>PROGRAM DATE</u>	<u>TIME</u>	<u>SITE</u>
September 24	1-5pm	Oak Marr

**PROGRAM DESCRIPTION:**

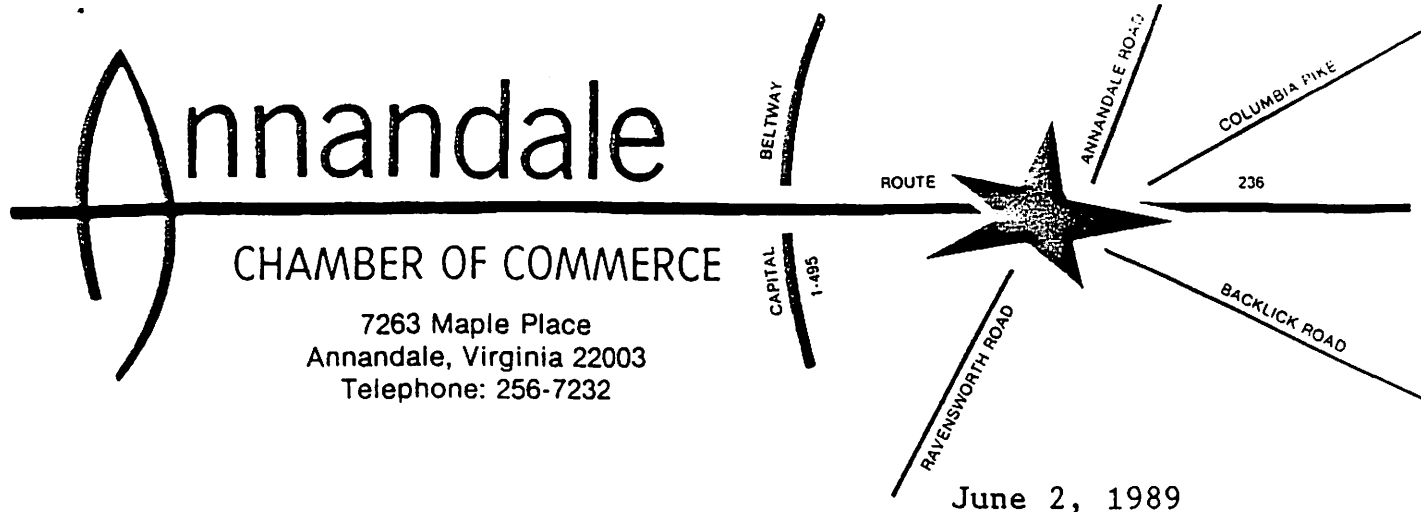
This quick and simple test uses a mouthpiece and breath machine in which a single breath is analyzed. Learn the health effects of carbon monoxide and how it raises the risk of heart attack and vascular disease. Sponsored by GHA Health Promotions and Wellness Staff.

**PROGRAM TITLE: STRESS MANAGEMENT**

<u>PROGRAM DATE</u>	<u>TIME</u>	<u>SITE</u>
October 3	8-9pm	Spring Hill
October 29	3-4pm	Spring Hill

**PROGRAM DESCRIPTION:**

Stress - what is it? Come to this 1 hour presentation on stress offered by GHA and learn what you can do to cope with the demands of everyday life.



June 2, 1989

#### OFFICERS

*President*  
Patrick Mullins  
*Vice President*  
Gerald A. Peer  
Kwik Kopy Printing Center  
*Vice President*  
Ronald L. West  
West Financial Services, Inc.  
*Secretary*  
Kathryn Talbert  
First American Bank of Virginia  
*Treasurer*  
Grace M. Harms  
Sovran Bank  
*Imm. Past President*  
R. Warren Elsenhower

#### DIRECTORS

Irving L. Denton  
Robert R. Dively, Jr.  
Dively & Thompson, Attorneys  
Harry N. Doyle, Jr.  
C & P Telephone Company  
James G. Finch  
John G. Fox  
Northern Virginia Natural Gas  
Mary Jo Gibson  
Charles B. Gibson Insurance, Inc.  
Edward R. Mooney, Jr.  
Mooney & Associates  
Harold Pyon  
Pyon & Associates, Realtors, Inc.  
Jerry Rathbone  
NBD Mortgage Company  
Dan Reese  
Hallmark Bank & Trust Company  
Ralph Savage  
Virginia Power  
Alex Solis  
First American Bank of Virginia  
Doris O. Taylor  
Taylor-Made Caterers, Inc.  
Bonnie West  
Bonnie West & Associates, Inc.

Chris Stroebel  
Group Health Association, Inc.  
7601 Little River Turnpike  
Annandale, VA 22003

Dear Chris:

I would like to take this opportunity to thank you for your participation in the Annandale Chamber of Commerce Health Fair that took place on April 27.

The response was tremendous. I do not believe we thought we would have as great a number of people taking advantage of the screenings and information being offered. There are several things to improve on if we decide to do this again next year. I would like to hear your comments on the program. Please take some time to drop me a note for our future reference.

Once again, thank you for making the Health Fair a successful Chamber Project for the Community.

Sincerely,

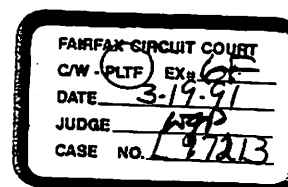
*Patrick Mullins*  
Patrick Mullins  
President

PM/jm

#### PAST PRESIDENTS

W. R. "Dick" Bender  
Roma J. Dawson  
Dawson's Small Arms of the World

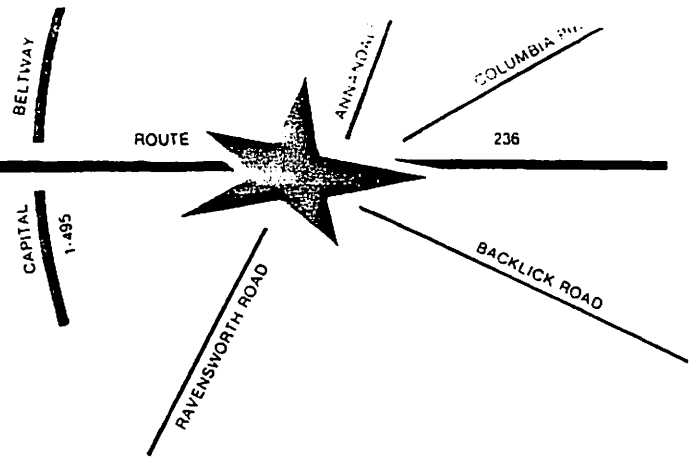
*Executive Secretary*  
Jacqueline Mullins



# Annandale

## CHAMBER OF COMMERCE

7263 Maple Place  
Annandale, Virginia 22003  
Telephone: 256-7232



March 13, 1989

### OFFICERS

*President*  
Patrick Mullins  
*Vice President*  
Gerald A. Peer  
Book Kopy Printing Center  
*Vice President*  
Ronald L. West  
West Financial Services, Inc.  
*Secretary*  
Kathryn Talbert  
First American Bank of Virginia  
*Treasurer*  
Grace M. Harms  
Sovran Bank  
*Imm. Past President*  
R. Warren Eisenhower

### DIRECTORS

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City of Telephone Company  
James C. Finch  
John C. Fox  
Northern Virginia Natural Gas  
Mary Jo Gibson  
Charles B. Gibson Insurance, Inc.  
Edward R. Mounsey, Jr.  
Mooney & Associates  
Jerry Rathbone  
NBD Mortgage Company  
Dan Reese  
Hallmark Bank & Trust Company  
Alex Solis  
First American Bank of Virginia  
Doris O. Taylor  
Tavern Made Caterers, Inc.  
Bonnie West  
Bonnie West & Associates, Inc.

Chris Stoebel  
Group Health Association  
1120 19th Street, N.W. # 200  
Washington, D.C. 20036

Dear Chris:

On behalf of the Annandale Chamber of Commerce and the Business and Residential Community, I would like to thank you for participating in our Health Fair.

The Health Fair will take place on Thursday, April 27th from 9 a.m. to 3 p.m. You can be admitted into the building by 8:30 a.m. The location of the Health Fair is Annandale United Methodist Church, 6935 Columbia Pike, Annandale, VA 22003. Any questions or problems please call Jackie Mullins at the Chamber office, 256-7232, or Bonnie West at 354-5877. We will have tables and chairs set up for displays and if necessary several private rooms are available for the screenings or discussions.

This should prove to be a good, healthy day for all. Publicity will go out to all the businesses, churches and home-owner associations in the area.

See you on April 27th! Once again, thank you.

Sincerely,

*Bonnie West*  
Bonnie West

### PAST PRESIDENTS

W. R. "Dick" Bender  
Ruma J. Dawson  
Dawson's Small Arms of the World

*Executive Secretary*  
Jacqueline Mullins

BW/jm

# Discover Health

Come Be Well With GHA™

## How to Recognize Drug and Alcohol Abuse in Your Child

Parenting Series • Instructor: Lisa Borisky

**Date/Place:** March 7, 1990  
Marlow Heights Medical Center  
5100 Auth Way  
Suitland, Maryland

March 28, 1990  
West End Medical Center  
2100 Pennsylvania Ave., N.W.  
Washington, DC

April 18, 1990  
Annandale Medical Center  
7601 Little River Turnpike  
Annandale, Virginia

**Time:** 7:00-8:00 p.m.

**Fee:** Free

Pre-Registration Required. Call Health Promotion and Wellness at 466-0690.

# Discover Health

Come Be Well With GHA™

## The Health Promotion and Wellness Department Presents: “Feeling Good About Yourself”

Learn how to “out-talk” your self-doubts and accentuate the positive aspects of your life.

Dates: February 15,22  
6:30 p.m. - 8:30 p.m.

Time:  
Skyline Center

Location:

Fee: \$15.00, Members  
\$30.00, Non-Members

Preregistration is required. Contact the Health Promotion and Wellness Department at 466-0690. Hurry and register, classes do fill quickly!



# Discover Health

Come Be Well With GHA

## GROUP HEALTH ASSOCIATION

GO FOR YOUR GOAL WITH HIGH BLOOD PRESSURE CONTROL

FREE HIGH BLOOD PRESSURE SCREENING  
GHA SKYLINE MEDICAL CENTER

<b>MAY 9, 1988</b>	<b>10:00 A.M.-3:00 P.M.</b>
<b>MAY 10, 1988</b>	<b>10:00 A.M.-3:00 P.M.</b>
<b>MAY 11, 1988</b>	<b>10:00 A.M.-3:00 P.M.</b>
<b>MAY 12, 1988</b>	<b>10:00 A.M.-3:00 P.M.</b>
<b>MAY 13, 1988</b>	<b>10:00 A.M.-3:00 P.M.</b>

# Discover Health

Come Be Well With GHA

## GROUP HEALTH ASSOCIATION

GO FOR YOUR GOAL WITH HIGH BLOOD PRESSURE CONTROL

FREE HIGH BLOOD PRESSURE SCREENING  
GHA ANNANDALE MEDICAL CENTER

MAY 2, 1988

10:00 A.M. – 2:00 P.M.

MAY 6, 1988

10:00 A.M. – 2:00 P.M.

# Discover Health

Come Be Well With GHA

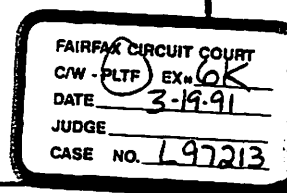
## GROUP HEALTH ASSOCIATION

GO FOR YOUR GOAL WITH HIGH BLOOD PRESSURE CONTROL

FREE HIGH BLOOD PRESSURE SCREENING

GHA TYSON CORNER MEDICAL CENTER

<b>MAY 9, 1988</b>	<b>10:00 A.M. – 3:00 P.M.</b>
<b>MAY10,1988</b>	<b>10:00 A.M. – 3:00 P.M.</b>
<b>MAY11,1988</b>	<b>10:00 A.M. – 3:00 P.M.</b>
<b>MAY12,1988</b>	<b>10:00 A.M. – 3:00 P.M.</b>
<b>MAY13,1988</b>	<b>10:00 A.M. – 3:00 P.M.</b>



# health/works

GANNETT USA TODAY

Jozy

September 7, 1990

Ms. Chris Stroebel  
Group Health Association  
4301 Connecticut Avenue, N.W.  
Washington, D.C. 20008

① table top - PPP

② 200 Nutrition cookbooks

③ green GHA table cloth

④ 200 HIV brochures

⑤ ~~gray~~ banner

⑥ ~~Shirley~~ Parlay material  
Dina

Dear Ms. Stroebel:

Thank you again for agreeing to participate in our 3rd Annual Health Fair. We are very excited about this years fair and hope that you are too!!!

Again, the date of the fair is Wednesday, September 26th, from 11:00 a.m. until 3:00 p.m. Please allow yourself ample time to prepare your booth. We will be providing muffins and coffee in the morning and lunch around noon.

We will provide parking for one vehicle from your booth. Please bring your parking stub to health/works to be validated.

Enclosed you will find a map, directions and an outline of the purposes and goals. If you have any questions, please do not hesitate to call me at (703) 284-6696. I will be in contact with you a week before the fair.

We look forward to seeing you on September 26th!!!

Sincerely,



Pat Bell

Message.  
Subject: CENTER FOR NAVAL ANALYSIS  
Sender: Bernice BENNETT / GHA/00  
TO: Christine STROEBEL / GHA/00

Dated: 08/10/90 at 1654.

Contents: 2.

Part 1.

TO: Christine STROEBEL / GHA/00

Part 2.

Please contact Ms. Maureen Flaherty at 824-2896. She is interested in us setting up some Nutritional Counseling Program for the employees at the Center for Naval Analysis. She is also interested in us assisting her on Wellness Day - October 10th from 8:30 -12 noon. I'll contact Robin Harris to see if she can help with some type of activity.

Bernice

Maureen L. Flaherty  
Personnel Services Administrator  
Work and Family Life Programs

(703) 824-2896



A Division of Hudson Institute

CENTER FOR NAVAL ANALYSES  
4401 Ford Avenue Post Office Box 16268-Alexandria, Virginia 22302-0268

Ford Ave  
Park Center Complex

Center for Naval  
395 Alexandria

395 S

exit 5 King St. West

Left @ 1st light (Park Center Drive)

2nd St. — underground pkg. —> A level  
ticket red spaces

Pat - CO

off  
elevator push  
P

take materials

FAIRFAX CIRCUIT COURT  
C/W - PLT EX-6M  
DATE 3-19-91  
JUDGE HRP  
CASE NO. 197213

379

# *Discover Health*

Come Be Well With GHA™

*GROUP HEALTH ASSOCIATION, Inc.*

*presents*

*BREAST HEALTH—THE WELLNESS WAY CLASSES*

*— taught by a registered nurse —*

*GHA TYSONS CORNER MEDICAL CENTER  
1577 SPRING HILL ROAD  
VIENNA, VIRGINIA*

*MONDAY, SEPTEMBER 19, 1988*

*12:00 NOON — 1:30 P.M.*

*ADVANCE REGISTRATION REQUIRED, CALL 463-9738  
FREE ADMISSION*

# *Discover Health*

Come Be Well With GHA."

*GROUP HEALTH ASSOCIATION, Inc.*

*presents*

*BREAST HEALTH—THE WELLNESS WAY CLASSES*

*— taught by a registered nurse —*

*GHA FAIR OAKS CENTER  
12011 LEE JACKSON HWY.  
FAIRFAX, VIRGINIA*

*WEDNESDAY, SEPTEMBER 7, 1988*

*9:00 — 10:30 A.M.*

*ADVANCE REGISTRATION REQUIRED, CALL 463-9738  
FREE ADMISSION*

# INFANT STIMULATION

GHA ANNANDALE CENTER

Saturday, November 12, 1988  
10:00 a.m. – 12 Noon

ADVANCE REGISTRATION REQUIRED

Fee: GHA Members ■ \$10.00  
Non-Members ■ \$15.00

For further information, call 463-9738



GROUP HEALTH ASSOCIATION, INC.

*DISCOVER HEALTH*

STRESS MANAGEMENT

This " **Stress Management** " course is designed to help you understand how stress affects your physical health, identify early signs of excessive stress and teach you how to cope.

When: October 19th and 26th

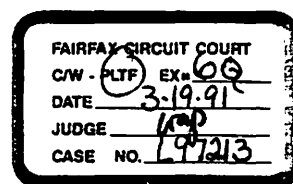
Time: 6:30 - 8:30 p.m.

Location: Skyline Medical Center  
Baileys Crossroad, Va.

Instructor: Roy Berkowitz

Call: 466-0690 to register today

Fee: \$15.00 for members; \$30.00 for non-members



# HOLIDAY STRESS

GHA ANNANDALE CENTER

Wednesday, November 2, 1988  
7:00 – 9:00 p.m.

ADVANCE REGISTRATION REQUIRED

Fee: GHA Members ■ \$ 5.00  
Non-Members ■ \$10.00

For further information, call 463-9738

# Discover Health

Come Be Well With GHA™

## FIRST AID FOR PARENTS

*Date: February 3*

*Time: 9:15 a.m. - 12:45 p.m.*

*Place: Fair Oaks Medical Center  
12011 Lee-Jackson Memorial Hwy.  
Fairfax, Virginia*

*Fee: \$10.00, Members  
\$15.00, Non-Members*

**Pre-Registration Required.  
Call Health Promotion and Wellness, 466-0690.**

# FIRST AID FOR PARENTS

GHA ANNANDALE CENTER

Saturday, December 3, 1988

9:00 a.m. - 12:00 Noon

ADVANCE REGISTRATION REQUIRED

Fee: GHA Members ■ \$ 5.00

Non-Members ■ \$10.00

For further information, call 463-9738

Under section 501(c) (except black lung benefit trust or private foundation) of the Internal Revenue Code or section 4947(a)(1) trust

(See separate instructions.)

**1989**

Department of the Treasury  
Internal Revenue Service

Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction E.

For the calendar year (1989) or fiscal year beginning January 1st, 1989, and ending December 31, 1989.

Use IRS label. Otherwise, please print or type.	Name of organization <u>Group Health Association, Inc.</u>	A Employer identification number (see instruction S) <u>53-0078064</u>
	Address (number and street) or P.O. box number <u>4301 Connecticut Ave. N.W.</u>	B State registration number (see instruction E)
	City or town, state, and ZIP code <u>Washington D.C. 20008</u>	C If application for exemption is pending, check here <input type="checkbox"/>

D Check type of organization—Exempt under section ☒ 501(c)(3) (insert number), OR ☐ section 4947(a)(1) trust (see instruction C7 and question 92.)

E Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) \_\_\_\_\_

F Is this a group return (see instruction Q) filed for affiliates? ☐ Yes ☒ No  
If "Yes," enter the number of affiliates for which this return is filed \_\_\_\_\_  
Is this a separate return filed by a group affiliate? ☐ Yes ☒ No

G If either answer in F is "Yes," enter four-digit group exemption number (GEN) N/A

H Check here ☐ if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data (see instruction A). Some states require a completed return.

Note: Form 990EZ is available for organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

**Part I Statement of Revenue, Expenses and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	<u>0</u>	
	b Indirect public support	1b	<u>0</u>	
	c Government grants	1c	<u>0</u>	
	d Total (add lines 1a through 1c) (attach schedule—see instructions)	1d	<u>0</u>	
	2 Program service revenue (from Part VII, line 93)	2	<u>16,090,757</u>	
	3 Membership dues and assessments	3	<u>145,032,457</u>	
	4 Interest on savings and temporary cash investments	4	<u>2,788,364</u>	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a	<u>311,729</u>	
	b Less: rental expenses	6b	<u>311,729</u>	
	c Net rental income (loss)	6c	<u>0</u>	
7 Other investment income (describe _____)	7			
Revenue	8a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a	8a	
	c Gain (loss) (attach schedule)	8b	8b	
		8c	8c	
Expenses	9 Special fundraising events and activities (attach schedule—see instructions):			
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	<u>0</u>	
	b Less: direct expenses	9b	<u>0</u>	
	c Net income (line 9a less line 9b)	9c	<u>0</u>	
	10a Gross sales less returns and allowances <u>Pharmacy + Dental</u>	10a	<u>3,643,601</u>	
	b Less: cost of goods sold <u>See Schedule C</u>	10b	<u>2,682,032</u>	
	c Gross profit (loss) (attach schedule)	10c	<u>961,569</u>	
	11 Other revenue (from Part VII, line 103)	11	<u>1,801,159</u>	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	<u>166,674,306</u>	
	13 Program services (from line 44, column (B)) (see instructions)	13	<u>152,188,106</u>	
	14 Management and general (from line 44, column (C)) (see instructions)	14	<u>27,777,382</u>	
	15 Fundraising (from line 44, column (D)) (see instructions)	15	<u>179,965,488</u>	
16 Payments to affiliates (attach schedule—see instructions)	16	<u>0</u>		
17 Total expenses (add lines 16 and 44, column (A))	17	<u>179,965,488</u>		
Net Assets	18 Excess (deficit) for the year (subtract line 17 from line 12)	18	<u>13,291,182</u>	
	19 Net assets or fund balances at beginning of year (from line 74, col)	19	<u>22,602,804</u>	
	20 Other changes in net assets or fund balances (attach explanation)	20	<u>0</u>	
	21 Net assets or fund balances at end of year (add lines 18, 19, and 20)	21	<u>29,311,622</u>	

For Paperwork Reduction Act Notice, see page 1 of the instructions.

387

DATE 3-20-91

JUDGE WHP

LAW 97213

**Part II** Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (c)(4) organizations and 4947(a)(1) trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	0	0		
23	Specific assistance to individuals	0	0		
24	Benefits paid to or for members	\$ 82,069,406	\$ 82,069,406		
25	Compensation of officers, directors, etc.	0	0	0	
26	Other salaries and wages	55,125,410	44,774,139	10,351,271	
27	Pension plan contributions	0	0	0	
28	Other employee benefits	12,233,104	9,761,234	2,471,870	
29	<del>Payroll taxes</del> Building Services	632,388	0	632,388	
30	Professional fundraising fees	0			
31	Accounting fees	66,013	0	66,013	
32	Legal fees	109,325	0	109,325	
33	Supplies	4993,671	4,331,750	661,921	
34	Telephone	883,889	63,103	820,786	
35	Postage and shipping	457,530	19,115	438,415	
36	Occupancy	2,247,310	61,449	2,185,861	
37	Equipment rental and maintenance	1,162,850	492,210	670,640	
38	Printing and publications	71,502	37,161	34,341	
39	Travel & Parking	549,088	243,141	305,947	
40	Conferences, conventions, and meetings	0	0	0	
41	Interest	1,015,650	0	1,015,650	
42	Depreciation, depletion, etc. (attach schedule)	3,731,915	738,652	2,993,263	
43	Other expenses (itemize): a. Bad debts	497,103	497,103	0	
	b. Insurances & Taxes	1,418,592	624,045	794,547	
	c. Medicare Refunds to patients	1,622,430	1,622,430	0	
	d. Other Administrative Expenses	4,494,532	2,706,588	1,787,944	
	e. Laundry, Gas, Light & Water	269,376	268,166	1,210	
	f. Malpractice Insurance	6,314,404	6,314,404	0	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15.	\$ 79,965,488	\$ 152,188,106	\$ 27,777,382	

**Part III** Statement of Program Service Accomplishments (See instructions.)

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.		Expenses Required for section 501(c)(3) and (4) organiza- tions; optional for others
a Medical Program: Various Medical Services were provided to the members of this Health Maintenance Organization (HMO) in carrying out our exempt purpose. This HMO has approx. 15,500 members during the year 12/31/89.		\$ 148,233,468 (Grants and allocations \$ )
b Optical Program: Eye care services were provided to the members of this Health care organization. This HMO has approximately 15,500 members as of December 31, 1989.		375,816 (Grants and allocations \$ )
c Pharmacy Program: Medical supplies were provided to the members of this HMO in carrying out our exempt purpose. This HMO has approx. 15,500 members as of 12/31/89.		716,739 (Grants and allocations \$ )
d Dental Program: Expenses incurred to provide the dental care to the members of this HMO.		2,862,083 (Grants and allocations \$ )
e Other program services (attach schedule).		(Grants and allocations \$ )
f Total (add lines a through e) (should equal line 44, column (B)).		\$ 152,188,106

Group Health Association, Inc.  
Schedule of Cost of Goods Sold  
Fiscal Year Ended December 31, 1969

Schedule #1

Description	Amount
Cost of Goods Sold - Pharmacy	\$612,920
Cost of Goods Sold - Opticals	2,069,112
Total Cost of Goods Sold	----- \$2,682,032 =====



**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts in the description column should be for end-of-year amounts only.			(A) Beginning of year	(B) End of year
<b>Assets</b>				
45	Cash—noninterest-bearing		—	45 —
46	Savings and temporary cash investments		\$ 34,622,162	46 1,612,814
47a	Accounts receivable	47a \$ 14,246,502		
b	Less: allowance for doubtful accounts	47b \$ 6,111,080	11,544,493	47c 13,605,416
48a	Pledges receivable	48a 0		
b	Less: allowance for doubtful accounts	48b 0	0	48c 0
49	Grants receivable		0	49 0
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		0	50 0
51a	Other notes and loans receivable (attach schedule)	51a 0		
b	Less: allowance for doubtful accounts	51b 0	9,324,738	51c 0
52	Inventories for sale or use		781,423	52 1,050,020
53	Prepaid expenses and deferred charges		416,236	53 2,111,403
54	Investments—securities (attach schedule)		0	54 0
55a	Investments—land, buildings, and equipment: basis	55a 0		
b	Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
56	Investments—other (attach schedule) <u>Schedule (2)</u>			56 19,852,808
57a	Land, buildings, and equipment: basis <u>(cost)</u>	57a \$ 57,059,680	\$ 21,247,787	\$ 32,726,962
b	Less: accumulated depreciation (attach schedule) <u>Schedule (3)</u>	57b 24,332,718	2,191,374	57c 3,715,782
58	Other assets (describe <u>See attached Schedule (A)</u> )		80,127,913	58 74,675,205
59	Total assets (add lines 45 through 58)		\$ 80,127,913	59 \$ 74,675,205
<b>Liabilities</b>				
60	Accounts payable and accrued expenses		\$ 26,536,938	60 31,544,234
61	Grants payable		0	61 0
62	Support and revenue designated for future periods <u>(attach schedule)</u>		4,822,273	62 458,474
63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
64	Mortgages and other notes payable (attach schedule) <u>Schedule (6)</u>		3,080,088	64 12,499,433
65	Other liabilities (describe <u>Schedule (7)</u> )		23,085,810	65 20,861,192
66	Total liabilities (add lines 60 through 65)		\$ 57,525,109	66 \$ 65,363,583
<b>Fund Balances or Net Assets</b>				
Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67a	Current unrestricted fund <u>General Fund</u>		\$ 22,434,373	67a 9,085,652
b	Current restricted fund			67b
68	Land, buildings, and equipment fund			68
69	Endowment fund			69
70	Other funds (describe <u>Board Designated Fund</u> )		168,431	70 225,970
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.				
71	Capital stock or trust principal			71
72	Paid-in or capital surplus			72
73	Retained earnings or accumulated income			73
74	Total fund balances or net assets (see instructions)		\$ 22,602,804	74 9,311,622
75	Total liabilities and fund balances/net assets (see instructions)		\$ 80,127,913	75 \$ 74,675,205

**Part V** List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Attached schedule	Trustees of			
	members			
	Corp. are			
	not compensated			

**Part VI** Other Information

	Yes	No
76 Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.		X
77 Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		X
78a Did your organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?		N/A
78b		
c At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.		X
78c		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.		X
80a Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)		X
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter amount of political expenditures, direct or indirect, as described in the instructions. [81a]		
b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		X
81b		
82a Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III. [82b]		
82b		
83a Did anyone request to see either your annual return or exemption application (or both)?		X
b If "Yes," did you comply as described in the instructions? (See General Instruction L.)		N/A
83b		
84a Did you solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction N.)		N/A
84b		
85a Section 501(c)(5) or (6) organizations.—Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).)		N/A
b If "Yes," enter the total amount spent for this purpose. [85b]		
85b		
86 Section 501(c)(7) organizations.—Enter:		
a Initiation fees and capital contributions included on line 12. [86a]		
b Gross receipts, included on line 12, for public use of club facilities (See instructions.) [86b]		
c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)		N/A
86c		
87 Section 501(c)(12) organizations.—Enter amount of:		
a Gross income received from members or shareholders [87a]		
b Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) [87b]		
87b		
88 Public interest law firms.—Attach information described in the instructions.		
89 List the states with which a copy of this return is filed ▶ Philadelphia, Pa.		
90 During this tax year did you maintain any part of your accounting/tax records on a computerized system?	X	
91 The books are in care of ▶ Mr. Theodore J. Weinberg Telephone no. ▶ (202) 364-2040 Located at ▶ 4301 Connecticut Ave. NW, Washington, D.C. 20008		
92 Section 4947(a)(1) trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return.— and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92		

Enter gross amounts unless otherwise indicated

93 Program service revenue:

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
(a) <u>Fee For Service</u>					2,238,938
(b) <u>Medicare Part B-Reimbursement</u>					10,802,443
(c) <u>Dental Program</u>					3,049,376
(d)					
(e)					
(f)					
(g) Fees from government agencies					
94 Membership dues and assessments					145,032,457
95 Interest on savings and temporary cash investments					
96 Dividends and interest on securities					
97 Net rental income (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental income (loss) from personal property					
99 Other investment income					2,788,364
100 Gain (loss) from sales of assets other than inventory					
101 Net income from special fundraising events					
102 Gross profit (loss) from sales of inventory					
103 Other revenue: (a) <u>Purchase Discount</u>					14,410
(b) <u>Bad debt &amp; 3rd Party Recovery</u>					1,324,010
(c) <u>Workmen's Compensation Fund</u>					298,041
(d) <u>Miscellaneous Income</u>					164,698
(e)					
104 Subtotal (add columns (b), (d), and (e))		0		0	\$165,712,737
105 TOTAL (add line 104, columns (b), (d), and (e))					\$165,712,737

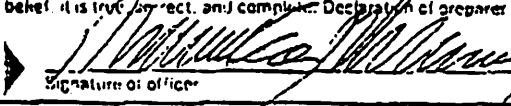

(Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes).
	See enclosed attachment #1

**Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c)**

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		7-6-90 Date	Chief Financial Officer Title
Paid Preparer's Use Only	 Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address		ZIP code	

U.S. Government Printing Office: 1990-262-531/0000

392 NOTIFICATION AND EST. 16, 88 FEB 08 19:15:23 CHS COMMUNICATIONS

Group Health Association Inc.  
Schedule of Name & Address of the Board Members  
FYE December 31, 1989

Name and Address	Title
1) Dianne Felton 12905 Gaffney Road Silver Spring, Md. 20904	President
2) Perry Cohen, Ph.D. 3914 Harrison Street, N.W. Washington, D.C. 20015	1st vice president
3) Marvin Schneiderman 6503 East Halbert Road Bethesda, Md. 20817	2nd vice president
4) Virginia Brockington 2215 Hunter Mill Road Vienna, Va. 22180	Secretary
5) Kris Baum 3004 Westcott Street Falls Church, Va. 22042	Director
6) Ann Champ-Wilson 151 Elmira Street S.W. Washington, D.C. 20032	Director
7) Sarah Gotbaum, Ph.D. 6815 Connecticut Avenue N.W. Chevy Chase, Md. 20815	Director
8) Sherron Hiemstra-Anstrom 3416 Sharon Chapel Road Alexandria, Va. 22310	Director
9) David Krawitz 8119 Cliffforest Drive Springfield, Va. 22153	Director

Group Health Association Inc.  
Schedule of Fixed Assets and Accumulated Depreciation  
Fiscal Year Ended December 31, 1989

Schedule # 3

Description	cost (1)	Accumulated Depreciation (2)	Book Value (1)-(2) = (3)
Land & Improvements	\$5,734,553	(\$352,919)	\$5,381,634
Buildings	4,681,317	(1,923,716)	2,757,601
Building Improvements	5,468,410	(1,722,585)	3,745,825
Leasehold improvements	14,731,027	(4,568,307)	10,162,720
Furniture, Fixtures & Instr.	26,444,373	(15,765,191)	10,679,182
	<hr/> \$57,059,680	<hr/> (\$24,332,718)	<hr/> \$32,726,962
	<hr/>	<hr/>	<hr/>

Group Health Association Inc.  
Schedule of Other Assets  
Fiscal Year Ended December 31, 1980

Schedule # 4

Description	Cost
Advances - M.D	\$4,295
Advances - Non union	3,103
Advances - O P E I U	614
Marketable Securities & C.D's	200,000
Deposits	1,535,162
Security activity fund	4,917
Option rights-Primary Prev. Program:	
Silver Spring	706,818
Sky line	505,750
Accu. Amortization- Primary Prev program:	
Silver Spring	(35,882)
Sky Line	(54,769)
E D P Development Cost	501,444
Accu. Amortization-EDP dev. Cost	(392,489)
Software Development cost	188,152
Accu. Amortization - Software Dev. cost	(96,512)
Computer Soft ware	821,033
Acc. Depreciation.- Computer Software	(175,854)
	-----
	\$3,715,782
	=====

Group Health Association Inc.  
Schedule of Deferred Income  
Fiscal Year Ended December 31, 1989

Schedule # 5

Description	Amount
Prepaid members accounts	\$453,955
Randmark Dental Note Interest	4,469
	-----
Total Deferred Income	\$458,424
	=====

Group Health Association, Inc.  
Schedule of Mortgage & Other Notes Payable  
Fiscal Year Ended December 31, 1989

Schedule # 6

Description	Current Portion	Non Current Portion	Total
Mortgage- Marlow Heights	\$44,024	\$2,170,295	\$2,214,319
Mortgage- Rockville	50,531	606,794	657,325
NCB- Line of Credit	1,800,000	6,766,667	8,566,667
Obligation under Capital lease	368,290	0	368,290
Mortgage & Capital Obligations	0	692,832	692,832
	-----	-----	-----
	\$2,262,845	\$10,236,588	\$12,499,433
	=====	=====	=====



Group Health Association Inc.  
Schedule of Other liabilities  
Fiscal Year Ended December 31, 1989

Schedule # 7

Description	Amount
Self Insurance - Current	\$949,001
Professional, liability Trust	4,314,000
Professional Liability Trust- Self Ins.	402,035
Retirement- Net of Current	11,659,043
Liability for investment in Group Annuity	3,537,413
	-----
	\$20,861,492
	=====

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52

ATTACHMENT # 1

Line # =====	Description =====
93(a)	This revenue represents the payments received from the Low-Option plan members . These plans don't pay for the physcian's Fee-For-Service cost.
93(b)	This represents reimbursement received from the Health - Care Financing Administration for those members who are covered under the Medicare program- Title XVIII.
93(c)	This revenue represents the payments received from members for dental services which is not covered under their Low-Option plans.
94	This is the membership dues received from the members to enable them to receive the health care services from this HMO.
99	This investment income is received from the investment of the restricted funds & assets with limited use.
103(a)	This represents the discounts received for the purchases of medical supplies.
103(b)	This is a recovery of bad debts which has been writ-ten-off in previous years but recoverd during the current year.
103(c)	This represents reimbursement received from the Workmen's Compensation Fund.
103(d)	Income received from the sale of scrap etc.

Group Health Association Inc.  
Schedule of " Investments - Others"  
Fiscal Year Ended December 31, 1979

Schedule 7 :

Description	Amount
Current portion of assets limited as to use	\$2,934,971
Non Current portion of assets limited as to use	13,380,424
Investments in group annuity	3,537,413
Total Investments - Others	----- \$19,852,808 =====

## QUARTERLY STATEMENT

FOR THE PERIOD ENDING September 30, 1990  
 (Month) (Day)  
 OF THE CONDITION AND AFFAIRS OF

Group Health Association, Inc.  
 (Name)  
 A Health Maintenance Organization organized under the laws of the State of District of Columbia  
 made to the State Corporation Commission Commonwealth of Virginia pursuant to the laws thereof.  
 (Appropriate Agency)  
 Date incorporated or organized: February 24, 1937 Date Certified As An HMO: July 21, 1977  
 Date Federally Qualified As An HMO: July 21, 1977 Commenced Business: February 24, 1937  
 Mailing Address: 4301 Connecticut Ave. N.W. Washington, D.C. 20008  
 Address of Main Administrative Office: Same as above  
 Telephone Number: (202) 364-7523 Employer's ID Number: 53-0078064  
 Name of Administrator: Robert F. Fatenhauer  
 Contact Person and Phone Number: Ram Rao (202) 364-7523

## OFFICERS\*

Chair President: Dianne Felton  
 Vice President: 1st VP Sherron Hiemstra 2nd VP: Marvin Schneidman  
 Secretary: Carol Macintyre  
 Treasurer: -

## DIRECTORS\*

Dianne Felton Ann Champ-Wilson  
Perry Cohen Sarah C. Gotbaum  
Marvin Schneidman #Carol Macintyre  
Virginia Brackington #Daniel Sullivan  
Kris Baum #Sherron Hiemstra  
#Ruth Rutzenberg

District of Columbia

COUNTY OF .....

Dianne Felton Chair President Carol Macintyre Secretary  
 Treasurer (or Corresponding person having charge of the financial records of

the HMO) of the Group Health Association, Inc. being duly sworn, each for himself deposes and says that they are the above described officers of the said Health Maintenance Organization, and that on the reporting period stated above all of the herein assets were the absolute property of the said HMO, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is full and true statement of all the assets and liabilities and of the condition and affairs of the said HMO as of the reporting period state above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 15th Day

of November 1990  
Celestine S. Hilder

NOTARY PUBLIC

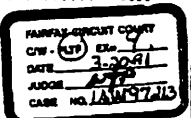
(Seal) Commission Expires May 28, 1991

x. Dianne L. Felton President

x. Carol Macintyre Secretary

Treasurer

(Corporate Seal)



show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the position in the previous statement.

Report #1-Part A: BALANCE SHEET ASSETS

ASSETS

(See Schedule E for Analysis of Assets)

	1 Current Period	2 Previous Year
<b>CURRENT ASSETS:</b>		
1 Cash	3,108,260	1,612,814
2 Short-Term Investments		
3 Premiums Receivable	11,959,637	10,020,680
4 Interest Receivable		
5 Other Receivables—Net	2,511,443	3,584,736
6 Prepaid Expenses	3,857,077	2,111,404
7 Aggregate Write-ins for Current Assets	4,448,922	3,984,990
8 TOTAL CURRENT ASSETS (Items 1 to 7)	25,885,339	21,314,624
<b>OTHER ASSETS:</b>		
9 Restricted Assets	12,054,352	13,380,424
10 Restricted Funds		
11 Loan Escrow		
12 Long-Term Investments	3,082,326	3,537,413
13 Intangible Assets and Goodwill—Net (Schedule E)		
14 Leasehold Improvements—Net (Schedule E)	8,939,443	10,162,720
15 Aggregate Write-ins for Other Assets	1,715,930	3,715,783
16 TOTAL OTHER ASSETS (Items 9 to 15)	25,792,051	30,796,340
<b>PROPERTY AND EQUIPMENT—NET:</b>		
17 Land	5,359,692	5,381,634
18 Building and Improvements	6,204,585	6,503,426
19 Construction in Progress		
20 Furniture and Equipment	9,228,368	10,679,181
21 Aggregate Write-ins for Other Equipment		
22 TOTAL PROPERTY AND EQUIPMENT—NET (Items 17 to 21)	20,792,645	22,564,241
23 TOTAL ASSETS (Items 8, 16 and 22)	72,470,035	74,675,205

DETAILS OF WRITE-INS AGGREGATED AT ITEM 7 FOR CURRENT ASSETS

1701 Enclosed Schedule 10		
1702		
1703		
1704		
1705		
1706 Summary of remaining write-ins for Item 7 from overflow page		
1707 TOTALS Items 1701 thru 1705 plus 1706 (Page 2, Item 7)	5,448,922	3,984,990

DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER ASSETS

1501 Enclosed Schedule 2		
1502		
1503		
1504		
1505		
1506 Summary of remaining write-ins for Item 15 from overflow page		
1507 TOTALS Items 1501 thru 1505 plus 1506 (Page 2, Item 15)	1,715,930	3,715,783

DETAILS OF WRITE-INS AGGREGATED AT ITEM 21 FOR OTHER EQUIPMENT

2101		
2102		
2103		
2104		
2105		
2106 Summary of remaining write-ins for Item 21 from overflow page		
2107 TOTALS Items 2101 thru 2105 plus 2106 (Page 2, Item 21)		

Report #1-Part B: BALANCE SHEET LIABILITIES AND NET WORTH

	Current Period			Previous Year
	1 Covered*	2 Uncovered	3 Total	4 Total
<b>CURRENT LIABILITIES:</b>				
1 Accounts Payable.....	0	7,378,795	7,378,795	9,780,712
2 Claims Payable (Reported).....	0	0	0	0
3 Accrued Inpatient Claims (Not Reported).....	364,572	4,0508	405,080	7,161,451
4 Accrued Physician Claims (Not Reported).....	5,065,900	562,878	5,628,778	6,942,698
5 Accrued Referral Claims (Not Reported).....	0	0	0	0
6 Accrued Other Medical.....	11,236,67	1,248,519	12,485,186	1,974,891
7 Accrued Medical Incentive Pool.....	0	0	0	0
8 Unearned Premiums.....	0	710,999	710,999	458,424
9 Loans and Notes Payable-current.....	2,288,511	0	2,288,511	2,262,845
10 Aggregate Write-ins for Current Liabilities.....	0	3,951,533	3,951,533	6,633,482
11 TOTAL CURRENT LIABILITIES (Items 1 to 10).....	18,955,650	13,893,232	32,848,882	35,214,503
<b>OTHER LIABILITIES:</b>				
12 Loans and Notes.....	8,545,575	0	8,545,575	10,236,589
13 Statutory Liability.....	0	5,227,505	5,227,505	4,716,035
14 Aggregate Write-ins for Other Liabilities.....	0	14,741,369	14,741,369	15,196,456
15 TOTAL OTHER LIABILITIES (Items 12 to 14).....	8,545,575	19,968,874	28,514,449	30,149,080
16 TOTAL LIABILITIES (Items 11 and 15).....	27,501,225	33,862,106	61,363,331	65,363,583
<b>NET WORTH:</b>				
17 Donated Capital.....	XXX	XXX	0	0
18 Capital.....	XXX	XXX	0	0
19 Paid in Surplus.....	XXX	XXX	0	0
20 Unassigned Surplus.....	XXX	XXX	11,004,268	9,085,652
21 Aggregate Write-ins for Other Net Worth Items.....	XXX	XXX	102,436	225,970
22 TOTAL NET WORTH (Items 17 to 21).....			11,106,704	9,311,622
23 TOTAL LIABILITIES AND NET WORTH (Items 16 and 22).....	27,501,225	33,862,106	72,470,035	74,675,205
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT LIABILITIES</b>				
1001 Enclosed - Schedule (3).....				
1002 .....				
1003 .....				
1004 .....				
1005 .....				
1098 Summary of remaining write-ins for Item 10 from overflow page.....				
1099 TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, Item 10)			3,951,533	6,633,482
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER LIABILITIES</b>				
1401 Enclosed - Schedule (4).....				
1402 .....				
1403 .....				
1404 .....				
1405 .....				
1498 Summary of remaining write-ins for Item 14 from overflow page.....				
1499 TOTALS (Items 1401 thru 1405 plus 1498) (Page 3, Item 14)			14,741,369	15,196,456
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 21 FOR OTHER NET WORTH ITEMS</b>				
2101 Board Designated Fund.....			102,436	102,436
2102 .....				
2103 .....				
2104 .....				
2105 .....				
2198 Summary of remaining write-ins for Item 21 from overflow page.....				
2199 TOTALS (Items 2101 thru 2105 plus 2198) (Page 3, Item 21)			102,436	225,970

\*Describe in the Notes To Financial Statements the manner in which each liability is covered.

Report #2: STATEMENT OF REVENUE, EXPENSES AND NET WORTH

	1 Current Period	2 Year-to-Date	3 Previous Year
MEMBER MONTHS.....	465,012	1,395,216	1,799,822
REVENUES:			
1. Premium.....	452,213.76	132,623,753	\$137,509.2
2. Fee-For-Service.....	1,491,828	4,166,751	5,255.5
3. Copayments Drug Rider.....	1,265,837	3,706,903	3,601.9
4. Title XVIII—Medicare.....	4,061,479	8,868,131	10,802.4
5. Title XIX—Medicaid.....	0	0	0
6. Interest.....	354,885	1,193,119	2,857.9
7. C.B. and Subrogation.....	133,149	636,550	1,579.9
8. Reinsurance Recoveries.....	0	0	0
9. Aggregate Write-ins for Other Revenues.....	1,887,707	5,841,401	5,381.8
10. TOTAL REVENUE (Items 1 to 9).....	54,416,261	157,036,608	\$166,986.03
EXPENSES:			
Medical and Hospital:			
11. Physician Services.....	10,019,902	30,146,447	35,816,038
12. Other Professional Services.....	9,232,357	27,219,103	31,014,734
13. Outside Referrals.....	169,382	385,182	617,656
14. Emergency Room, Out-of-Area, Other.....	907,635	1,471,192	3,841,413
15. Occupancy, Depreciation and Amortization.....	494,061	1,496,856	1,448,068
16. Inpatient.....	12,907,234	34,639,729	42,806,306
17. Reinsurance Expenses.....	162,642	445,055	624,045
18. Other Medical.....	11,060,441	31,252,286	35,995,608
19. Incentive Pool Adjustment.....	0	0	0
20. TOTAL MEDICAL AND HOSPITAL (Items 11 to 19).....	44,953,644	127,055,850	152,163,266
Administration:			
21. Compensation.....	3,312,670	9,810,578	11,356,044
22. Interest Expense.....	221,695	706,251	747,747
23. Occupancy, Depreciation, and Amortization.....	3,828,476	11,262,645	9,975,418
24. Marketing.....	403,884	994,591	1,079,462
25. Aggregate Write-ins for Other Administration Expenses.....	1,187,495	3,565,056	4,954,679
26. TOTAL ADMINISTRATION (Items 21 to 25).....	8,954,220	26,339,121	28,113,350
27. TOTAL EXPENSES (Items 20 and 26).....	53,907,864	153,394,971	180,277,218
28. INCOME (LOSS).....	508,397	3,641,637	\$13,291,182
29. Extraordinary Item.....	0	0	0
30. Provision for Taxes.....	0	0	0
31. NET INCOME (LOSS).....	\$508,397	\$3,641,637	\$13,291,182
DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR OTHER REVENUES			
0901 Enclosed Schedule (5).....			
0902 .....			
0903 .....			
0904 .....			
0905 .....			
0998 Summary of remaining write-ins for Item 9 from overflow page.....			
0999 TOTALS (Items 0901 thru 0905 plus 0998) (Page 4, Item 9).....	1,887,707	5,841,401	5,381.83
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER ADMINISTRATIVE EXPENSES			
2501 Enclosed Schedule (6).....			
2502 .....			
2503 .....			
2504 .....			
2505 .....			
2598 Summary of remaining write-ins for Item 25 from overflow page.....			
2599 TOTALS (Items 2501 thru 2505 plus 2598) (Page 4, Item 25).....	1,187,495	3,565,056	4,954.67

Report #2: STATEMENT OF REVENUE, EXPENSES AND NET WORTH (Continued)

	1 Current Period	2 Year-to-Date	3 Previous
NET WORTH:			
12 Net Worth Beginning of Period	10,544,478	9,311,622	22,602
13 Increase (Decrease) in Donated Capital			
14 Increase (Decrease) in Capital			
15 Increase (Decrease) in Paid in Surplus			
16 Increase (Decrease) in Unassigned Surplus:			
a) Net Income (Loss)	\$ 508,397	\$ 3,641,636	\$ 13,291
b) Dividends to Stockholders			
c) Interest on Subordinated Debt			
d) Aggregate Write-ins for changes in Unassigned Surplus	66,100	<1,723,024>	-
e) Aggregate Write-ins for Increase (Decrease) of Other Net Worth Items	<\$ 12,271>	<\$ 123,530>	-
17 NET WORTH END OF PERIOD (Items 32 to 37d)	\$ 11,106,704	\$ 11,106,704	9,311
DETAILS OF WRITE-INS AGGREGATED AT ITEM 36D FOR CHANGES IN UNASSIGNED SURPLUS			
18 Non Admitted Assets	\$ 66,100	<1,723,024>	
19			
20			
21			
22			
23 Summary of remaining write-ins for Item 36D from overflow page	\$ 66,100	<1,723,024>	-
24 TOTALS (Items 36D01 thru 36D05 plus 36D98) (Page 5, Item 36D)			
DETAILS OF WRITE-INS AGGREGATED AT ITEM 37 FOR INCREASE (DECREASE) OF OTHER NET WORTH ITEMS			
25 Board Designated Fund	<\$ 12,274>	<\$ 123,540>	
26 Difference due to rounding off	\$ 3	\$ 10	
27			
28			
29 Summary of remaining write-ins for Item 37 from overflow page	<\$ 12,271>	<\$ 123,530>	-
30 TOTALS (Items 3701 thru 3705 plus 3798) (Page 5, Item 37)			



## Report #3: STATEMENT OF CHANGES IN FINANCIAL POSITION

	1 Current Period	2 Year-to-Date	3 Previous
<b>SOURCES:</b>			
1 Net Income (Loss) Report #2	\$508,397	\$3,641,637	\$13,291
Add items not affecting working capital in the current period:			
2 Depreciation and Amortization	1,080,861	3,463,691	3,266
3 Deferred Taxes			
4 Aggregate Write-ins for items not affecting Working Capital	1,507,489	4,141,141	654
Other Additions to Working Capital:			
5 Proceeds from Borrowing	-	-	7,364
6 Aggregate Write-ins for Other Additions to Working Capital	121,473	455,087	11
7 TOTAL SOURCES OF FUNDS (Items 1 to 6)	\$3,218,220	\$11,701,556	\$19,993
<b>APPLICATIONS:</b>			
8 Additions to Property and Equipment—Net	\$179,080	\$772,561	\$14,746
9 Reductions in Long-Term Debt	1,682,794	1,691,014	0
10 Aggregate Write-ins for Other Applications	199,173	2,301,645	8,575
11 TOTAL APPLICATION OF FUNDS (Items 8 to 10)	\$2,061,047	\$4,765,220	\$23,321
12 INCREASE (DECREASE) IN WORKING CAPITAL	\$1,157,173	\$6,936,336	\$25,315
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR ITEMS NOT AFFECTING WORKING CAPITAL</b>			
1401 Decrease in Restricted Assets	\$1,336,489	\$1,326,072	-
1402 Decrease in Prof. Liab. ins	171,000	\$511,470	\$522
1403 Decrease in Leasehold improvements	0	303,746	-
1404 Decrease in other Assets	0	1,999,853	131
1405			
1498 Summary of remaining write-ins for item 4 from overflow page			
1499 TOTALS (Items 1401 thru 1405 plus 1498) (Page 5, Item 4)	\$1,507,489	\$4,141,141	\$654
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER ADDITIONS TO WORKING CAPITAL</b>			
1501 Reduction in Group Annuity Investment	\$55,373	\$455,087	\$11,45
1502 Non admitted Assets	66,100	-	-
1503			
1504			
1505			
1598 Summary of remaining write-ins for item 6 from overflow page			
1599 TOTALS (Items 1501 thru 1505 plus 1598) (Page 5, Item 5)	\$121,473	\$455,087	\$11,45
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER APPLICATIONS</b>			
1601 Increase in Leasehold Improvements	\$108,043	-	-
1602 Increase in other assets	23,483	-	-
1603 Decrease in Deferred Compensation	55,373	455,087	-
1604 Decrease in Board Designated Fund	12,274	123,534	\$11,45
1605 Increase in restricted Assets	-	-	5,513.5
1606 Decrease in Pension Liab.	-	-	3,059.7
1698 Summary of remaining write-ins for item 10 from overflow page		1,723,024	-
1699 TOTALS (Items 1601 thru 1605 plus 1698) (Page 5, Item 10)	\$199,173	2,301,645	8,575

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STATEMENT AS OF September 30, 1980 OF THE Group Health Association, Inc.  
(Quarter Ending) (Name)

### Report #4: ENROLLMENT AND UTILIZATION TABLE

#### TOTAL ENROLLMENT—QUARTER

1 Source of Enrollment	2 Total Members At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Members at End of Period	6 Cumulative Member Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physician	8 Non-Physician	9 Total			
Under 65 .....	145,206	x x	x x	145,195	435,585	86,737	52,964	139,701	13482	365	5.26
Age 65 and Older .....	9828	x x	x x	9829	29,487	12,968	6,719	19,687	4144	2446	8.32
Total Membership	155,034	9463	9473	155,024	465,072	99,705	59,683	159,388	17626	461	5.78

#### TITLE XVIII MEDICAID

1	2	3	4	5	6	7	8	9	10	11	12
tal Membership	7336	177	85	7428	22,284	11,334	5803	17,137	4144	2446	8.32

#### TITLE XIX MEDICAID

1	2	3	4	5	6	7	8	9	10	11	12
tal Membership					N/A						

Report #4: ENROLLMENT AND UTILIZATION TABLE

TOTAL ENROLLMENT—YEAR TO DATE

1 Source of Enrollment	2 Total Members At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Members at End of Period	6 Cumulative Member Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physician	8 Non-Physician	9 Total			
Under 65	140,480	x x	x x	145,195	1,307,061	282,661	168,773	451,434	38,121	34.3	5.09
Age 65 and Older	9,507	x x	x x	9,829	88,470	40,303	21,281	61,584	11,743	22.40	8.02
Total Membership	149,987	35944	30907	155,024	1,395,531	322,964	190,054	513,018	49,864	42.9	5.56

TITLE XVIII MEDICARE

1	2	3	4	5	6	7	8	9	10	11	12
otal Membership	7307	493	372	7428	66360	35213	15575	50788	11743	2240	8.02

TITLE XIX MEDICAID

1	2	3	4	5	6	7	8	9	10	11	12
otal Membership					N/A						1

## SCHEDULE E-ANALYSIS OF ASSETS

Description of Asset	1 Ledger Assets	2 Non-Ledger Assets	3 Assets Not Admitted	4 Net Admitted Assets
<b>CURRENT ASSETS:</b>				
1 Cash	3,108,260	0	0	3,108,260
2 Short-Term Investments	-	0	0	-
3 Premiums Receivable-Net	11,959,637	0	0	11,959,637
4 Interest Receivable	0	0	0	0
5 Other Receivables-Net	2,511,443	0	0	2,511,443
6 Prepaid Expenses	3,857,077	0	0	3,857,077
7 Aggregate Write-ins for Current Assets	4,448,922	0	0	4,448,922
8 TOTAL CURRENT ASSETS	25,885,339	0	0	25,885,339
<b>OTHER ASSETS:</b>				
9 Restricted Assets	12,054,352	0	0	12,054,352
10 Restricted Funds	-	0	0	-
11 Loan Escrow	-	0	0	-
12 Long-Term Investments	-	3,082,326	0	3,082,326
13a Intangible Assets & Goodwill	-	xxx	xxx	xxx
b Less Amortization	-	xxx	xxx	xxx
c Intangible Assets & Goodwill-Net	0	0	0	0
14a Leasehold Improvements	14,427,281	xxx	xxx	xxx
b Less Amortization	5,487,838	xxx	xxx	xxx
c Leasehold Improvements-Net	8,939,443	0	0	8,939,443
15 Aggregate Write-ins for Other Assets	3,438,954	0	0	1,715,430
16 TOTAL OTHER ASSETS	24,432,749	3,082,326	1,723,024	25,792,051
<b>PROPERTY &amp; EQUIPMENT-NET</b>				
17 Land	5,359,692	0	0	5,359,692
18 Building & Improvements	6,204,585	0	0	6,204,585
19 Construction in Progress	0	0	0	0
20 Furniture & Equipment	9,228,368	0	0	9,228,368
21 Aggregate Write-ins for Other Equipment	0	0	0	0
22 TOTAL PROPERTY & EQUIPMENT-NET	20,792,645	0	0	20,792,645
23 TOTAL ASSETS (Items 8, 16 and 22)	71,110,733	3,082,326	1,723,024	72,470,035
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 7 FOR CURRENT ASSETS</b>				
0701				
0702				
0703				
0704				
0705				
0798 Summary of remaining Write-ins for Item 7 from overflow page				
0799 TOTALS (Items 0701 thru 0705 plus 0798)(Page 3 Item 7)	4,448,922	0	0	4,448,922
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER ASSETS</b>				
1501				
1502				
1503				
1504				
1505				
1598 Summary of remaining Write-ins for Item 15 from overflow page				
1599 TOTALS (Items 1501 thru 1505 plus 1598)(Page 9 Item 15)	3,438,954	0	1,723,024	1,715,430
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 21 FOR OTHER EQUIPMENT</b>				
2101				
2102				
2103				
2104				
2105				
2198 Summary of remaining Write-ins for Item 21 from overflow page				
2199 TOTALS (Items 2101 thru 2105 plus 2198)(Page 9 Item 21)	0	0	0	0

# SCHEDULE J—PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

1 States, Etc.	2 HMO Is Licensed? (Yes, or No)	Direct Business Only		
		3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX
1 Alabama AL				
2 Alaska AK				
3 Arizona AZ				
4 Arkansas AR				
5 California CA				
6 Colorado CO				
7 Connecticut CT				
8 Delaware DE				
9 Dist. Columbia DC	yes	15,838,150		
10 Florida FL				
11 Georgia GA				
12 Hawaii HI				
13 Idaho ID				
14 Illinois IL				
15 Indiana IN				
16 Iowa IA				
17 Kansas KS				
18 Kentucky KY				
19 Louisiana LA				
20 Maine ME				
21 Maryland MD	yes	19,670,488		
22 Massachusetts MA				
23 Michigan MI				
24 Minnesota MN				
25 Mississippi MS				
26 Missouri MO				
27 Montana MT				
28 Nebraska NE				
29 Nevada NV				
30 New Hampshire NH				
31 New Jersey NJ				
32 New Mexico NM				
33 New York NY				
34 North Carolina NC				
35 North Dakota ND				
36 Ohio OH				
37 Oklahoma OK				
38 Oregon OR				
39 Pennsylvania PA				
40 Rhode Island RI				
41 South Carolina SC				
42 South Dakota SD				
43 Tennessee TN				
44 Texas TX				
45 Utah UT				
46 Vermont VT				
47 Virginia VA	yes	10,978,575		
48 Washington WA				
49 West Virginia WV				
50 Wisconsin WI				
51 Wyoming WY				
52 Totals (Direct Business)		46,487,213		

APPENDIX A

FAIRFAX CIRCUIT COURT	
C/W - PLT	EX-12
DATE	3-19-51
JUDGE	WSP
CASE NO.	AW9721

GROUP HEALTH ASSOCIATION  
LAB SCREENING  
TEST DESCRIPTION, STANDARDS, & DISEASE IMPLICATIONS

For Tests Applicable to:

Males >49 years of age  
-----

Test -----	Description -----	Standards -----	Disease Implications -----
U/A	Urinary Track Infection	WBC 3.5-10.5  RBC (M) 4.2-5.7 (F) 3.5-5.2	Leukemia Diabetes Kidney Problems
CBC	Complete Blood Count--Red & White Cells, check for anemia		Viral Infection Anemia
GLUCOSE	Check sugar level	68-114	Diabetes
BUN	Kidney functioning	6-21	Kidney Problems
CREATINNE	Kidney functioning	0.4-1.9	Kidney Problems
CHL	CHL level	70-240	Heart Disease
TRI	CHL level	45-180	Problem with Lipids
HDL CHL	CHL level	40-75	
AST(GOT)	Liver functioning test	16-44	Liver Disease
HIV	Checks antibodies for AIDS. If + do Western Blot Test	+/-	AIDS
RPR	Venereal Disease	+/-	Syphillis
PROSTATIC ACID	Prostate gland Test	<4	Gout

GROUP HEALTH ASSOCIATION  
LAB SCREENING  
TEST DESCRIPTION, STANDARDS, & DISEASE IMPLICATIONS

For Tests Applicable to:

Males/females infant - 2 years

Males/females 3 - 11 years  
.....

Test -----	Description -----	Standards -----	Disease Implications -----
U/A	WBC, RBC, Protein & Glucose	WBC 3.5-10.5  RBC (M) 4.2-5.7 (F) 3.5-5.2	Leukemia Diabetes Kidney Problems
H/H	Complete Blood Count--Red & White Cells, check for anemia		Viral Infection Anemia
T4	Thyroid function	>/=8.4	Thyroid Problems
PKU	Mental Retardation	+/-	Mental Retardation
Hemo. Electrop.	Sickle Cell	+/-	Sickle Cell



GROUP HEALTH ASSOCIATION  
LAB SCREENING  
TEST DESCRIPTION, STANDARDS, & DISEASE IMPLICATIONS

For Tests Applicable to:

Females 12 - 49 years of age  
-----

Test -----	Description -----	Standards -----	Disease Implications -----
U/A	Urinary Track Infection	WBC 3.5-10.5  RBC (M) 4.2-5.7 (F) 3.5-5.2	Leukemia Diabetes Kidney Problems
CBC	Complete Blood Count--Red & White Cells, check for anemia		Viral Infection Anemia
GLUCOSE	Check sugar level	68-114	Diabetes
BUN	Kidney functioning	6-21	Kidney Problems
CREATINNE	Kidney functioning	0.4-1.9	Kidney Problems
CHL	CHL level	70-240	Heart Disease
TRI	CHL level	45-180	Problem with Lipids
HDL CHL	CHL level	40-75	
AST(GOT)	Liver functioning test	16-44	Liver Disease
HIV	Checks antibodies for AIDS. If + do Western Blot Test	+/-	AIDS
RPR	Venereal Disease	+/-	Syphillis
HCG QUAL	Pregnancy Test	<5	Pregnant

GROUP HEALTH ASSOCIATION  
LAB SCREENING  
TEST DESCRIPTION, STANDARDS, & DISEASE IMPLICATIONS

For Tests Applicable to:

Males 12 - 49 years of age  
Females >49 years of age  
.....

Test .....	Description .....	Standards .....	Disease Implications .....
U/A	Urinary Track Infection	WBC 3.5-10.5  RBC (M) 4.2-5.7 (F) 3.5-5.2	Leukemia Diabetes Kidney Problems
CBC	Complete Blood Count--Red & White Cells, check for anemia		Viral Infection Anemia
GLUCOSE	Check sugar level	68-114	Diabetes
BUN	Kidney functioning	6-21	Kidney Problems
CREATINNE	Kidney functioning	0.4-1.9	Kidney Problems
CHL	CHL level	70-240	Heart Disease
TRI	CHL level	45-180	Problem with Lipids
HDL CHL	CHL level	40-75	
AST(GOT)	Liver functioning test	16-44	Liver Disease
HIV	Checks antibodies for AIDS. If + do Western Blot Test	+/-	AIDS
RPR	Venereal Disease	+/-	Syphillis

PROPOSAL  
GROUP HEALTH ASSOCIATION  
PERSONAL COVERAGE PLAN  
GUIDELINES FOR HEALTH EVALUATION

DEFINITE DENIALS

- HIGH BLOOD PRESSURE
- DIABETES
- OSTEOARTHRITIS
- CANCER- PRESENT, PAST, ANY TYPE
- DRUG OR ETOH ABUSE WITHIN THE PAST THREE YEARS
- PSYCH TREATMENT WITHIN THE PAST 3 YEARS
- SEIZURES
- ASTHMA... IF SEVERE OR UNDER CURRENT MEDICATION AND TREATMENT
- Chronic OBSTRUCTIVE PULOMARY DIEASE
- BRAIN DISEASE/INJURY
- LUPUS
- EMPHYSEMA
- KIDNEY DISEASE
- STROKE
- HEART ATTACK
- MENIERE'S DISEASE
- MS
- SMOKING- (35 YEARS & OLDER...SMOKING HALF PACK OR MORE A DAY)

\*\*\*REJECT ANY APPLICANT WHO HAS A CONDITION WHICH MAY REQUIRE MEDICAL CARE AT THE TIME OF APPLICATION)

REVISION OF GUIDELINES

Alcohol / Drug- if treatment is sought within the past three years DECLINE

Blood disorder, Circulatory disease

Anemia- HCT 30	DECLINE
HGB 10	
Apoplexy (Embolism, TCL, TIA)	DECLINE
Hemophilia	DECLINE
Hodgkin Disease	DECLINE
Leukemia	DECLINE
Phlebitis (Thrumbopheebitis)	
Present	DECLINE
Recovered (1 yr.)	ACCEPT
Septicemia	DECLINE

FAIRFAX CIRCUIT COURT	
C/W - PLTF	EX- 13
DATE	3-19-91
JUDGE	[Signature]
CASE NO.	19W972

Proposal  
 Group Health Association  
 Personal Coverage Plan  
 Guidelines for Health Evaluation  
 Page 2

Thrombosis		
	Present	DECLINE
	Recovered	ACCEPT
Varicose Veins (5)		ACCEPT (Unless
Surgery Recommended and not yet performed)		DECLINE
Polycythemia Vera		DECLINE
<u>JOINT DISEASE</u>		
Stiff Joints		ACCEPT
Arthritis		
	Rheumatism	DECLINE
	Osteoarthritis	DECLINE
	Juvenile	DECLINE
	Acute Suppurative	DECLINE
	Rheumatoid	DECLINE
Dislocations		
	Present	DECLINE
	Recovered	ACCEPT
Synovitis		
	Present	DECLINE
	Recovered	ACCEPT
Joint Replacement		DECLINE
TMJ		DECLINE
Chronic Low Back Pain		DECLINE
<u>RESPIRATORY</u>		
Asthma		
	Severe / Current	DECLINE
	Allergic / Seasonal	ACCEPT with Documen- tation
Bronchitis		
	Acute/Present/Severe	DECLINE
	Recovered	ACCEPT

**PROPOSAL**  
**Group Health Association**  
**Personal Coverage Plan**  
**Guideline for Health Evaluation**  
**Page 3**

**RESPIRATORY**

Emphysema DECLINE

Pleurisy  
                     Present DECLINE  
                     Recovered ACCEPT

**CANCER**           Tumor, Carcinoma, (Any Type) DECLINE

**DIGESTIVE DISORDERS**

Cholecystitis / Cholelithiasis  
                     Stones Present DECLINE  
                     Stones Removed ACCEPT WITH DOCUMENTATION

Duodenal Ulcer DECLINE  
 Gall Bladder Disease DECLINE  
 Gastric Ulcer DECLINE  
 Gastritis       Present DECLINE  
                     Recovered ACCEPT with Documentation

Peptic Ulcer DECLINE  
 Intestinal Bypass DECLINE

**HEART DISEASE**

Hypertension DECLINE  
 Heart Murmurs DECLINE  
 Angina, Endocarditis, Pericarditis, DECLINE  
 Myocarditis and aneurysm  
 Peripheral Vascular Disease DECLINE

Stroke, CNA, TIA DECLINE

Congestive Heart Failure DECLINE

**KIDNEY**

Diabetes, Prostate, GU Systems, Bladder  
 Disease, Cystitis / Tumor DECLINE

PROPOSAL  
GROUP HEALTH ASSOCIATION  
Personal Coverage Plan  
GUIDELINES FOR HEALTH EVALUATION  
PAGE 4

KIDNEY

Colitis Acute / Chronic	DECLINE
Cystitis      Present	DECLINE
Recovered	ACCEPT
Endstage Renal Disease	DECLINE
Diabetes	DECLINE
Diverticulitis/ Diverticulosis	DECLINE
Surgery within the past six months	
with documentation	ACCEPT
Kidney Stones	DECLINE
Kidney Disease	DECLINE
Kidney Transplant	DECLINE
Frequent Utis	DECLINE

NEUROLOGICAL - Mental, Nervous Disorder

Brain injury, Concussion	
Recent	DECLINE
Recovered with no residual deficits	ACCEPT with documentation
Seizures/Epilepsy	DECLINE
Multiple Sclerosis	DECLINE
Lupus	DECLINE
Sarcoidosis	DECLINE
Infantile Paralysis (Polio, Spinal cord infection)	
	ACCEPT with documentation
Meningitis, spinal,	
Recent (months)	DECLINE
Recovered with no residual problems	ACCEPT with documentation

PROPOSAL  
GROUP HEALTH ASSOCIATION  
Personal Coverage Plan  
GUIDELINES FOR HEALTH EVALUATION  
PAGE 5

Psychosis, Mental-Manic depressive Schizophrenia, Depressive psychosis Alzheimer, Alcoholic Psychosis	DECLINE
---	---------

Anorexia Nervosa	DECLINE
------------------	---------

Downs Syndrome	DECLINE
----------------	---------

Mild Depression( Death, Divorce etc.) if Diagnosis is three months prior to application, with documentation.	Accept
--	--------

Suicide Attempt	DECLINE
-----------------	---------

Organic Brain Syndrome	DECLINE
------------------------	---------

RECTAL DISORDERS

Hemorrhoids - Present, if surgery recommended & yet not performed.	DECLINE
---	---------

- Mild de	ACCEPT
-----------	--------

VENEREAL DISEASES - Decline if there's a history of three or  
more episodes within the last five years.

Herpes-Three or more episodes within the last 3 yrs Last episode less than 1 year	DECLINE ACCEPT
--	-------------------

Vaginal Warts- Current or a recent flair up of more recent than six months	DECLINE
---	---------

- Last flair up was more than six months ago	ACCEPT
---	--------

Gonorrhea/ Syphilis	- Current or recent flair up of of more that six months	DECLINE
------------------------	--	---------

- Last occurrence more than six months ago	ACCEPT
---	--------

Proposal  
Group Health Association  
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Guidelines for Health Evaluation  
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Miscellaneous

Abscess - Recent (Lung, Breast, ABD, Kidney, Liver, etc.	DECLINE
- Recent Tonsils/ Adenoids	DECLINE
- Tooth	ACCEPT
Adhesions (Internal Scars) - if symptomatic	DECLINE
Amputation- Due to disease	DECLINE
Due to Trauma	ACCEPT
Burns - Complications/ surgery required	DECLINE
- No complications	ACCEPT
Glaucoma - unoperated	DECLINE
Cataract operated	ACCEPT
Deafness - Congenital	ACCEPT
Goiter	DECLINE
GOUT - Current	DECLINE

GYN

Sterility ( Should we accept?)	
If work up and treatment not yet performed	DECLINE
Fibroid- Not operated	DECLINE
Dysfunctional Uterine Bleeding( not operated)	DECLINE
Thyroid - Hyper of Hypo	DECLINE
Graves disease	DECLINE
Hernia- unoperated/ surgery recommended & not	DECLINE
Inguinal/ yet performed	
Umbilical	
Migraine Headaches-	ACCEPT



Proposal  
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Pregnancy	DECLINE
Sarcoma	DECLINE
ANAL Fissure (if Operated)	ACCEPT
Obesity (30%)...see chart	DECLINE
Fibroid Tumor (Not operated)	DECLINE
Achalasia	DECLINE

GENERAL RULE NUMBER ONE

A record of more than 6 physicians visits in any 12 month period during a three year period prior to application, may be grounds for denial.

GENERAL RULES

GENERAL RULE NUMBER TWO

Any application may be rejected who has three (3) or more medical conditions requiring on going medical treatment.

GENERAL RULE NUMBER THREE

Any applicant may be rejected who has a disease or condition which may require medical care at the time of application.

GENERAL RULE NUMBER FOUR

Decline applicants who have had uncomplicated surgical procedures three months preceding the application date. The applicant may reapply.

GROUP HEALTH ASSOCIATION PERSONAL COVERAGE PLAN  
MEDICAL UNDERWRITING GUIDELINES  
HEIGHT AND WEIGHT CHART

<u>HEIGHT</u>		<u>WEIGHT</u>			
<u>Ft.</u>	<u>In.</u>	<u>MINIMUM Women</u>		<u>MARGINAL(+10) Female</u>	<u>MAXIMUM Male</u>
4	9	76	86	154	163
4	10	78	88	156	165
4	11	80	90	158	169
5	0	82	92	161	171
5	1	84	94	165	175
5	2	86	96	170	180
5	3	87	99	175	185
5	4	92	102	180	190
5	5	94	104	185	196
5	6	97	107	190	201
5	7	100	110	196	207
5	8	103	113	200	212
5	9	106	116	205	218
5	10	109	119	211	224
5	11	112	122	217	233
6	0	115	125	223	239
6	1	118	128	228	242
6	2	122	132	234	248
6	3	125	135	240	255
6	4	129	139	246	261
6	5	133	143	253	268
6	6	137	147	260	275
6	7	141	151	266	282
6	8	145	155	273	289

The above table is representative of male weights therefore deduct 10 pounds from minimum weight table for women. No adjustment is necessary for the marginal and maximum weights.

If weight at "marginal" level or above, then the risk is assigned 10 rating debits. Other conditions such as high blood pressure would cause the risk to be not acceptable.

If weight is at "maximum" or above or below the minimum, the risk is not acceptable.

Weight Losses: Add current weight to one-half the weight lost in preceding 12 months, and enter height and weight chart.

FAIRFAX COUNTY, VIRGINIA

MEMORANDUM

TO: Samuel E. Patteson, Jr. DATE: July 22, 1983  
Supervisors of Assessments

FROM: Linda Eichelbaum Collier *WLC*  
Assistant County Attorney

SUBJECT: Request for Tax Exemption from Group Health  
Association, Inc.

You have requested an opinion from this office concerning the request of the Group Health Association, Inc. (hereinafter GHA) for an exemption from taxation for certain real property they own together with the furniture and furnishings therein.

It is my opinion that the real property owned by GHA should not be exempt from taxation.

DISCUSSION:

The objectives and purposes of GHA include the following:

[T]o arrange and provide, in behalf of its members and their dependents, for the services of physicians, dentists, nurses, technicians and other persons qualified to render medical ... and related treatment ...; to supply such members and dependents with hospitalization, drugs, remedies and medical ... supplies ...; and in general to provide for them all forms of care, treatment or attention that may be required for the preservation of good health and the prevention and cure of illness and disease.

Group Health Association, Inc., Certificate of Reincorporation, p. 101.

Under Article X, Section 6(a)(6) of the Virginia Constitution, the General Assembly may pass a bill expressly exempting property (real or personal) "used by its owner for

FAIRFAX CIRCUIT COURT	
C/W .PLTF	EX. 15
DATE	3.19.91
JUDGE	WHA
CASE NO.	LAU973

religious, charitable, patriotic, historical, benevolent, cultural, or public park and playground purposes...." Such a bill requires passage by a three-fourths vote in both the Senate and the House. These express exemptions are contained in Sections 58-12.1 through 58-12.150.

Pursuant to Article X, Section 6(a)(6), the General Assembly enacted § 58-12.25 which provides in part:

[I]ncorporated charitable foundations conducted not for profit, the total income from which is used exclusively for literary, scientific or educational purposes, are hereby designated as charitable and cultural in the meaning of Article X, § 6(a)(6) of the Constitution of Virginia. Property owned by such organizations and used exclusively for literary, scientific and educational purposes is hereby determined to be exempt from taxation.

In a recent opinion the Attorney General of Virginia defined a "foundation" as "[a]n institution or association given to rendering financial aid to colleges, schools and charities and generally supported by gifts for such purposes." Based on this definition and the fact that the provisions of § 58-12.25 are to be strictly interpreted pursuant to Va. Const. Art. X, § 6(f), GHA would not be entitled to an exemption from taxation on its real or personal property. GHA provides medical care for its members; it does not render financial aid to colleges, schools or charities.

GHA might also claim an exemption under Va. Code § 58-12(6). That section exempts from taxation:

Buildings with the land they actually occupy and the furniture and furnishings therein, belonging to any benevolent or charitable association and used exclusively for lodge purposes or meeting rooms by such association, together with such additional adjacent land as may be necessary for the convenient use of the buildings for such purposes.

This exemption is liberally construed. Article X, Section 6(f); Va. Code § 58-12; City of Richmond v. United Givers Fund, 205 Va. 432, 137 S.E.2d 876 (1964). Under this construction the term charitable means "organized and conducted to perform some service of public good or welfare." City of Richmond v. United Givers Fund, supra.

Although GHA performs services related to the welfare of individuals, only those individuals who are members of GHA are entitled to such services. Therefore GHA would not be entitled to a tax exemption for its real property or the furniture and furnishings therein pursuant to Va. Code § 58-12(6) as its services are not performed for the public good or welfare, nor would GHA be entitled to a real or personal property tax exemption pursuant to § 58-12(5) in that GHA is not a hospital.

CONCLUSION:

GHA should not be exempt from payment of real or personal property taxes under Va. Code § 58-12.25, § 58-12(6) or § 58-12(5).

LEC:DAV:gjb

cc: Robert W. Johnson, Jr.  
Office of Assessments

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
CORPORATION DIVISION  
515 D STREET, N. W.  
WASHINGTON, D. C.



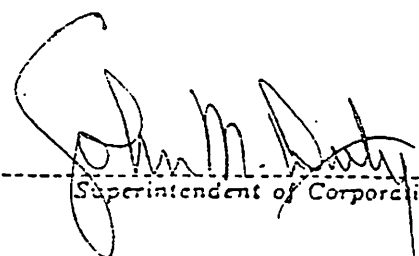
CERTIFICATE

THIS IS TO CERTIFY that there were received and accepted for record in the Office of Recorder of Deeds,  
On Behalf of  
D. C., Corporation Division, on the 17th day of August, 19 82 ~~XXXXXX~~  
GROUP HEALTH ASSOCIATION, INC. AND ELECTION TO ACCEPT THE PROVISIONS OF THE PRESENT  
~~XXXXXXXXXX~~  
NON-PROFIT CORPORATION ACT

WE FURTHER CERTIFY that the above named corporation is duly incorporated and existing under and  
by virtue of the Code of Laws of the District of Columbia and authorized to ~~transact business~~ <sup>Conduct its affairs</sup> in the District  
of Columbia as of the date hereinafter mentioned.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed  
this 22nd day of September, 19 83

Carol B. Thompson  
Director

  
Superintendent of Corporations

Government of the District of Columbia  
MARION S. BARRY, Jr., Mayor  
July 1981

427

FAIRFAX CIRCUIT COURT  
C/W - PLTF EX# 16  
DATE 3.20.91  
JUDGE WJP  
CASE NO. 197213

STATEMENT OF ELECTION TO ACCEPT  
OF  
GROUP HEALTH ASSOCIATION, INC.

TO: The Recorder of Deeds, D.C.  
Washington, D.C.

Pursuant to the provisions of the District of Columbia Non-profit Corporation Act, the undersigned corporation elects to avail itself thereto.

FIRST: The name of the corporation shall be GROUP HEALTH ASSOCIATION, INC. Its address, principal office and place of business shall be Washington, D.C., and it may establish other offices and places of business within and without the District of Columbia.

SECOND: A resolution recommending that the corporation accept the District of Columbia Non-profit Corporation Act, was adopted in the following manner:

The resolution was adopted at a meeting of the Board of Trustees held on July 19, 1982 and received the vote of a majority of the Directors in office, there being no members having voting rights in respect thereof.

THIRD: The purpose or purposes which the corporation will hereafter pursue are:

For the mutual improvement of its members, for the benefit of the community and the promotion of social welfare, and without profit to the corporation:

For the promotion of health in the community and for other charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code:

To arrange and provide, in behalf of its members and their dependents, for the services of physicians, dentists, nurses, technicians and other persons qualified to render medical, surgical, dental, optical, hospital and related treatment, to the extent permitted by the laws of the jurisdiction wherein the services are provided; to supply such members and dependents with hospitalization, drugs, remedies and medical, surgical, optical, dental and related supplies, appliances and equipment; and in general to provide for them all forms of care, treatment or attention that may be required for the preservation of good health and the prevention and cure of illness and disease.

In connection with the foregoing, to construct, or acquire by purchase or lease or otherwise, and to renovate and remodel, and to equip and operate one or more clinics, medical office buildings, hospitals, laboratories, drugstores or pharmacies, and opticians' establishments, or to acquire the right to use all or part of such facilities already existing.

The term of the corporation shall be perpetual.

To these ends the corporation shall have the following rights and powers:

To acquire by lease, purchase, gift, devise, contract or otherwise, and to hold, own, develop, improve, operate, lease, enjoy, control, manage, or otherwise turn to account, mortgage, grant, sell, exchange, convey, or otherwise dispose of, real and personal property, or any interest or interests therein, wherever situated and without limit as to value, which real and personal property, or the income therefrom, shall be devoted to the purposes for which the corporation is formed and to further its general welfare;

To make and carry out all contracts necessary or convenient for the business and purposes of this corporation and which may be permitted by law;

To borrow or raise money for any of the corporate purposes, without limit as to amount, and to secure such borrowings, whenever necessary or advisable, by the pledge, hypothecation, mortgage or otherwise, of any of the corporate property, real or personal.

The foregoing enumeration of specific powers shall not be deemed to limit or restrict in any manner the general powers of the corporation and the enjoyment and exercise thereof, as conferred by the laws of the District of Columbia upon corporations organized under the provisions of that law for the purposes stated, but this corporation shall have the power to do all and everything necessary, suitable, and proper for the accomplishment of any of the purposes, or the attainment of any of the objects, or the furtherance of any of the powers herein set forth, so far as the same may not be inconsistent with the laws under which this corporation is organized.

FOURTH: The corporation shall have no capital stock but shall be a membership corporation. The membership shall consist of such officers and employees of the United States Government and such other individuals and groups of individuals as meet the requirements prescribed in the bylaws of the corporation as they now exist and as they may hereafter be amended. Membership fees,



dues and assessments shall be as provided in such bylaws. Each member in good standing shall have one vote for the election of trustees of the corporation and with respect to other matters voted upon by the membership.

The private property of the members of the corporation shall not be subject to the payment of the corporate debts or obligations and no personal liability therefor is assumed.

FIFTH: The corporation is to consist of one class of members.

SIXTH: The affairs and property of the corporation shall be managed and controlled by a board of trustees. A majority of the trustees shall constitute a quorum for the transaction of business. The number of trustees, not less than three, the manner and time of their election or designation, and the filling of vacancies among the trustees shall be as provided in the bylaws of the corporation. The trustees shall have power to elect such officers to conduct the business and affairs of the corporation, subject to the control of the trustees, as the trustees shall determine and the bylaws provide.

SEVENTH: Whenever, for any reason, this corporation is dissolved, its affairs shall be liquidated by the Board of Trustees who are hereby vested with full power, within the limits provided by law, to sell any or all assets of the corporation, either separately or as a whole, and to convey full and complete title thereto; and shall have full power, as prescribed by law, to do and perform all acts necessary and proper to fully and completely liquidate the affairs of the corporation and to distribute the proceeds of such liquidation. Any proceeds from liquidation following dissolution shall be divided among members holding valid membership certificates, as their interest may appear, unless waived by the member, but no one shall receive more than the amount presented on the face of his or her certificate. Upon the dissolution of the corporation the Board of Trustees shall, after paying or making provision for the payment of all liabilities of the corporation, dispose of all the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future U.S. Internal Revenue law, as the Board determines.

EIGHTH: The address, including street and number, of its registered office in the District of Columbia is 2121



## APPENDIX A

### CERTIFICATE OF GROUP HEALTH ASSOCIATION, INCORPORATED

We, the undersigned persons, of full age, citizens of the United States, a majority of whom are citizens of the District of Columbia, desiring to form a corporation in accordance with the provisions of and for the purposes outlined in Chapter 5, of Title 5, Corporations of the Code of the District of Columbia, do hereby certify as follows:

FIRST: The name by which this corporation shall be known is "GROUP HEALTH ASSOCIATION, INCORPORATED". Its address, principal office, and place of business shall be Washington, D. C.

SECOND: The term for which it is organized shall be perpetual.

THIRD: The objects and purposes for which this corporation is formed are as follows:

To provide, without profit to the corporation, for the service of physicians and other medical attention and any and all kinds of medical, surgical and hospital treatment to the members hereof and their dependents, and the construction and operation of a clinic and medical office building, and the construction and operation of a hospital in the manner permitted by law, for the members hereof and their dependents, and the operation of a drug store or pharmacy, and the providing of nurses and of drugs and remedies for the members hereof and their dependents, and the furnishing of all forms of hospital service and attention to the members hereof and their dependents, and in general the giving to the membership of this association and their dependents of all forms of care, treatment or attention that may be required by the sick or in the prevention of disease.

To these ends the said corporation shall have the right of acquiring, taking, receiving and holding, all manner of land, tenements, leaseholds, or any other kind of real estate or any interest therein, and of owning, improving and disposing of the same; borrowing money and securing the same by mortgage upon its real estate and otherwise, and holding and owning any kind of property, goods and chattels acquired by it in any manner, and of employing and disposing of the same for the purposes for which the corporation is formed and to further its general welfare; and of entering into, making, performing, and carrying out contracts of every sort and kind which may be necessary or convenient for the business and purposes of this corporation and which may be permitted by law.

The foregoing enumeration of specific powers shall not be deemed to limit or restrict in any manner the general powers of the corporation and the enjoyment and exercise thereof as conferred by the laws of the District of Columbia upon corporations organized under the provisions of the law for the purposes stated, but this corporation shall have the power to do all and everything necessary, suitable, and proper for the accomplishment of any of the purposes, or the attainment of any of the objects, or the furtherance of any of the powers herein set forth, so far as the same may be permissible under



Incorporation and acknowledged the same to be their act and deed.

Given under my hand and seal this 23 day of February 1937.

(Notarial Seal)

Anthony W. De Po's  
Notary Public, D. C.

My commission expires 15th day of January 1939.

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OFFICE OF THE RECORDER OF DEEDS

District of Columbia

THIS IS TO CERTIFY that the foregoing is a true and verified copy of the Certificate of Incorporation of the Group Health Association, Incorporated and of the whole of said Certificate of Incorporation, as filed in this Office the 24th day of February, A. D. 1937.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Office this 24th day of February, A. D. 1937.

Wm. J. Thompson  
Recorder of Deeds, D. C.

APPENDIX B

CERTIFICATE OF REINCORPORATION  
OF  
GROUP HEALTH ASSOCIATION, INC.

We the undersigned, president and secretary of Group Health Association, Inc., a District of Columbia corporation, organized February 22, 1937, as a non-profit, non-stock corporation under Secs. 121-126, Title 5, of the District of Columbia Code (1929) hereby file this Certificate of reincorporation of said corporation, as provided in Sec. 29-004, Chap. 5, Title 29 of the District of Columbia Code relating to corporations, and do hereby certify as follows:

First. The name of this corporation shall be GROUP HEALTH ASSOCIATION, INC. Its address, principal office and place of business shall be Washington, D.C., and it may establish other offices and places of business within and without the District of Columbia.

Second. The term for which it is organized shall be perpetual.

Third. The objects and purposes for which this corporation is reincorporated are as follows:

For the mutual improvement of its members, for the benefit of the community and the promotion of social welfare, and without profit to the corporation:

To arrange and provide, in behalf of its members and their dependents, for the services of physicians, dentists, nurses, technicians and other persons qualified to render medical, surgical, dental, optical, hospital and related treatment, to the extent permitted by the laws of the jurisdiction wherein the services are provided; to supply such members and dependents with hospitalization, drugs, remedies and medical, surgical, optical, dental and related supplies, appliances and equipment; and in general to provide for them all forms of care, treatment or attention that may be required for the preservation of good health and the prevention and cure of illness and disease.

In connection with the foregoing, to construct, or acquire by purchase or lease or otherwise, and to renovate and remodel, and to equip and operate one or more clinics, medical office buildings, hospitals, laboratories, drugstores or pharmacies, and opticians' establishments, or to acquire the right to use all or a part of such facilities already existing.

Fourth. To these ends the corporation shall have the following rights and powers:

To acquire by lease, purchase, gift, devise, contract or otherwise, and to hold, own, develop, improve, operate, lease, enjoy, control, manage, or otherwise turn to account, mortgage, grant, sell, exchange, convey, or otherwise dispose of, real and personal property, or any interest or interests therein, wherever situated and without limit as to value, which real and personal property, or the income therefrom, shall be devoted to the purposes for which the corporation is formed and to further its general welfare;

To make and carry out all contracts necessary or convenient for the business and purposes of this corporation and which may be permitted by law;

To borrow or raise money for any of the corporate purposes, without limit as to amount, and to secure such borrowings, whenever necessary or advisable, by the pledge, hypothecation, mortgage or otherwise, of any of the corporate property, real or personal.

The foregoing enumeration of specific powers shall not be deemed to limit or restrict in any manner the general powers of the corporation and the enjoyment and exercise thereof, as conferred by the laws of the District of Columbia upon corporations organized under the provisions of that law for the purposes stated, but this corporation shall have the power to do all and everything necessary, suitable, and proper for the accomplishment of any of the purposes, or the attainment of any of the objects, or the furtherance of any of the powers herein set forth, so far as the same may be permissible under the law and provided that the same may not be inconsistent with the laws under which this corporation is organized.

Fifth. The corporation shall have no capital stock but shall be a membership corporation. The membership shall consist of such officers and employees of the United States Government and such other individuals and groups of individuals as meet the requirements prescribed in the by-laws of the corporation as they now exist and as they may hereafter be amended. Membership fees, dues and assessments shall be as provided in such by-laws. Each member in good standing shall have one vote for the election of trustees of the corporation and with respect to other matters voted upon by the membership.

Sixth. The private property of the members of the corporation shall not be subject to the payment of the corporate debts or obligations and no personal liability therefor is assumed.

Seventh. The affairs and property of the corporation shall be managed and controlled by a board of trustees. A majority of the trustees shall constitute a quorum for the transaction of business. The number of trustees, not less than three, the manner and time of their election or designation, and the filling of vacancies among the trustees shall be as provided in the by-laws of the corporation. The trustees shall have power to elect such officers to conduct the business and affairs of the corporation, subject to the control of the trustees, as the trustees shall determine and the by-laws provide.

Eighth. Whenever, for any reason, this corporation is dissolved, its affairs shall be liquidated by the Board of Trustees who are hereby vested with full power, within the limits provided by law, to sell any or all assets of the corporation, either separately or as a whole, and to convey full and complete title thereto; and shall have full power, as prescribed by law, to do and perform all acts necessary and proper to fully and completely liquidate the affairs of the corporation and to distribute the proceeds of such liquidation. Any such proceeds shall be divided equally among those members who have paid membership fees but no member shall receive more than the amount of his membership fee. Any surplus remaining shall then be contributed to such non-profit organization as the Board of trustees shall select to be used for the improvement of medical care in this country.

Ninth. The written consent of more than two-thirds of the trustees of Group Health Association, Inc., to this reincorporation is attached hereto and filed herewith as required by Sec. 29-004, Chap. 6, Title 29 of the District of Columbia Code.

4/1/46





# STATE CORPORATION COMMISSION

*Richmond*

July 1, 1988

This is to certify that

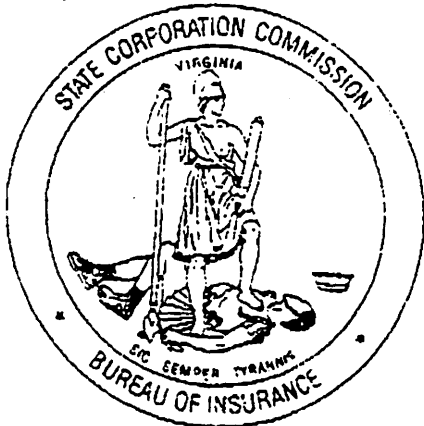
GROUP HEALTH ASSOCIATION INC  
4301 Connecticut Avenue, NW  
Washington DC 20008

Is hereby licensed to transact the business of

A HEALTH MAINTENANCE ORG

insurance in the State of Virginia through the THIRTIETH day of June next  
succeeding the date hereof unless this license shall be sooner revoked or  
renewed.

880630920001



*State Corporation Commission*

*Bureau of Insurance*

By

*[Signature]*

*Commissioner*

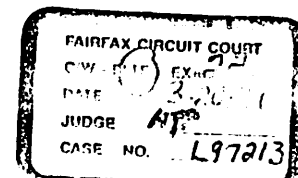
PLF DEF. EX. # 21  
DATE 3-19-91  
JUDGE *[Signature]*  
LAW 97213

FAIRFAX CIRCUIT COURT	
CWP-PLTF	EX. # 21
DATE	
JUDGE	
CASE NO.	

FAIRFAX COUNTY  
PERSONAL PROPERTY, STATE INCOME AND  
LICENSE DIVISION  
LISTING OF EXEMPTIONS

BUSINESS NAME	BASIS FOR	TYPE OF TAX	NATURE OF BUSINESS
SOCIAL CENTER	4-7-1-(3)	BPOL	THRIFT SHOP
RT 1 CORRIDOR HOUSING INC	4-7-1-(3)	BPOL	SOCIAL SERVICES
RESTON REPERTORY COMP	4-7-1-(3)	BPOL	PUBLIC BROADCASTING
GREATER RESTON ARTS CENTER	4-7-1-(3)	BPOL	PROMOTING ARTS
DEEPWOOD HOMEOWNERS ASSN	4-7-1-(3)	BPOL	HOMEOWNERS ASSOC
LEARNING CENTER INC	4-7-1-(3)	BPOL	NOT STATED
MONTESSORI COUNTRY SCHOOL	4-7-1-(3)	BPOL	EDUCATIONAL
ISLAMIC CENTER NO VA	4-7-1-(3)	BPOL	RELIGIOUS
ENTERT INDUSTRIES COUNC INC	4-7-1-(3)	BPOL	SUBSTANCE ABUSE
ECHO INC	4-7-1-(3)	BPOL	CHARITY
NAT EVANGELICAL FREE CHURCH	4-7-1-(3)	BPOL	CHURCH
STRAIGHT INC	4-7-1-(3)	BPOL	REHAB PROGMS
RIDGEMONT MONTESSORI SCHOOL	4-7-1-(3)	BPOL	EDUCATIONAL
ELEM MONTESSORI OF OAKTON	4-7-1-(3)	BPOL	EDUCATIONAL
GREATER LOVE MINISTRIES	4-7-1-(3)	BPOL	MINISTRY
STUDENT EXCHANGE INT	4-7-1-(3)	BPOL	EDUCATIONAL
TEMPLE FOUNDATION INC	4-7-1-(3)	BPOL	REL CHAR ORG
ETHOS FOUNDATION INC	4-7-1-(3)	BPOL	COUN SUB ABUSE
THERESAS STUDIO OF DANCE INC	4-7-1-(3)	BPOL	EDUCATIONAL
A WOMANS CHOICE	4-7-1-(3)	BPOL	REL ORG
UNITY OF FAIRFAX	4-7-1-(3)	BPOL	CHURCH
SEQUOIA FARMS HOMEOWNERS ASSOC	4-7-1-(3)	BPOL	HOMEOWNERS ASSOC
UNTD METH FMLY SRV OF VA	4-7-1-(3)	BPOL	SOCIAL SERVICES
INOVA SERVICES INC	4-7-1-(3)	BPOL	NRSNG HM & CLINICAL SERVS
VA BAPTIST GEN BOARD	4-7-1-(3)	BPOL	RELIGIOUS
SHELTERED OCCUPATIONAL CENTER	4-7-1-(3)	BPOL	ASSISTS DISAB
WASH DC AREA INTERGROUP	4-7-1-(3)	BPOL	EDUCATIONAL
HAMLET SWIM CLUB	4-7-1-(3)	BPOL	COMMUNITY POOL
WESTGATE CHLD CNTR CORP	4-7-1-(3)	BPOL	EDUCATIONAL
SLEEPY HOLLOW PRESCHOOL INC	4-7-1-(3)	BPOL	NONPROFIT ED

439



NORK INC	4-7-1-(3)	BPOL	SOCIAL SERVICE
AMER MED COLLECTION BUREAU INC	4-7-1-(3)	BPOL	COLL BUREAU FOR CO HSPTAL
WORLDWIDE BREAD CASTING COMP	4-7-1-(3)	BPOL	MINISTRY
SLPY HLLW SR CTZN ACTIVITY CNRT	4-7-1-(3)	BPOL	NONP SR CITIZENS
YOUNG LIFE	4-7-1-(3)	BPOL	MINISTRY TO TEENS
JUNIOR YOUTH SOCCER INC	4-7-1-(3)	BPOL	SPORTS ED
YOUTH APOSTLES INSTITUTE	4-7-1-(3)	BPOL	MINISTRY TO TEENS
FAIRFAX CABLE ACCESS CORP	4-7-1-(3)	BPOL	NONP BROADCASTING
ASSOC OF COMM COLLEGE TR	4-7-1-(3)	BPOL	EDUCATIONAL ORG
MISSIONS TO MILITARY	4-7-1-(3)	BPOL	RELIGIOUS
NATIONAL COUNCIL OF TCHRS OF MATH	4-7-1-(3)	BPOL	EDUCATIONAL ASSOC
SOCIAL CENTER,THE	4-7-1-(3)	BPOL	EDUCATIONAL
DOWNTOWN & SPEC MINISTRIES	4-7-1-(3)	BPOL	MINISTRY
LANGLEY NP HOUS DEV CORP	4-7-1-(3)	BPOL	CHAR ORG
NEW LIFE COMM CHURCH/SCHOOL	4-7-1-(3)	BPOL	CHURCH/SCHOOL
SPRINGFIELD YOUTH CLUB	4-7-1-(3)	BPOL	YOUTH CLUB
NEWINGTON COMM ASSOC	4-7-1-(3)	BPOL	COMM ASSOC
MT VERNON LEE ENTRPS INC	4-7-1-(3)	BPOL	EDUCATIONAL
NORHTERN VA INTERGROUP INC	4-7-1-(3)	BPOL	NON PROF OF AA
SPRNGFLD TEMPLE ASSOC INC	4-7-1-(3)	BPOL	RELIGIOUS
NORTH COUNTY COMM SHELTER	4-7-1-(3)	BPOL	COMMUNITY SHELTER
ANNANDALE CHRISTIAN COMM	4-7-1-(3)	BPOL	CHRRH/NONP DAYCARE
OAKTON SWIM AND RACQ CLUB	4-7-1-(3)	BPOL	SWIM CLUB
ALANO CLUB OF NO VA	4-7-1-(3)	BPOL	AA
OLAM TIKVAH PRESCHOOL INC	4-7-1-(3)	BPOL	NONPROFIT ED
NAT FOUNDATION INC	4-7-1-(3)	BPOL	NONP CHARITY
OLD KEENE HILL SWM &RCQ CLUB	4-7-1-(3)	BPOL	SWIM CLUB
BAPTIST WORLD ALLIANCE	4-7-1-(3)	BPOL	RELIGIOUS
PASTRL CNSLNG & CNSLTN CTR GR WSH	4-7-1-(3)	BPOL	COUNSELING
AMPLIFIED VERS MISSION INC	4-7-1-(3)	BPOL	MINISTRY
PENNSBURY NURSERY SCHOOL	4-7-1-(3)	BPOL	EDUCATIONAL
BURKE STAT NURSERY SCHOOL	4-7-1-(3)	BPOL	NON PROF SCHOOL
PINECREST SCHOOL INC	4-7-1-(3)	BPOL	EDUCATIONAL
FAIR OAKS HOSPITAL AUX	4-7-1-(3)	BPOL	HOSPITAL GIFT SHOP
PLEASANT VALLEY PRESCHOOL INC	4-7-1-(3)	BPOL	NONPR PRESCHOOL
CENTRAL FAIRFAX SERVICES	4-7-1-(3)	BPOL	NONP ED FOR MNTL RETARTED
POTOMAC SCHOOL,THE	4-7-1-(3)	BPOL	NONPR SCHOOL
AMERICAN PARALYSIS ASSOC	4-7-1-(3)	BPOL	CHAR MED RESEARCH
PRISON FELLOWSHIP	4-7-1-(3)	BPOL	RELIGIOUS
CHILD CARE CENTER OF THE COMMON	4-7-1-(3)	BPOL	NONP DAYCARE

$4-7-1-\{3\}$

BPOL	ED TV
BPOL	COMM SERVS
BPOL	NONPROFIT CORP
BPOL	SOCIAL SERV
BPOL	YOUTH SERVICES
BPOL	EDUCATION
BPOL	EDUCATIONAL
BPOL	EDUCATIONAL
BPOL	PERFORMING ARTS
BPOL	EDUCATIONAL
BPOL	DAYCARE
BPOL	NONPROFIT SCHOOL
BPOL	RELIGIOUS
BPOL	EDUCATIONAL
BPOL	EDUCATIONAL
BPOL	EDUCATIONAL
BPOL	ED ASSISTS
BPOL	EDUCATIONAL
BPOL	SWIM CLUB
BPOL	EDUCATIONAL
BPOL	EDUCATIONAL FACILITY
BPOL	NONPROFIT ED
BPOL	RELIGIOUS
BPOL	HOSPITAL
BPOL	SWIM CLUB
BPOL	RELIGIOUS
BPOL	RELIGIOUS
BPOL	NON PROF ALZHM CARE
BPOL	ED TV STATION
BPOL	NONPROFIT
BPOL	COMMUNITY ORG
BPOL	EDUCATIONAL
BPOL	MED TRMT FOR CHLDREN
BPOL	NONPR MEMB ASSOC
BPOL	REL ORG
BPOL	CHRISTIAN PRESCHOOL
BPOL	EDUCATIONAL
BPOL	ED CHARITY
BPOL	EDUCATIONAL
BPOL	COMMUNITY POOL

[illegible]

BPOL	CHRSTN MINISTRY
BPOL	NOT STATED
BPOL	RELIGIOUS ED
BPOL	MEMBERSHIP ORG
BPOL	FREE COUNSELING
BPOL	SUDSID HOUSING
BPOL	RELIGIOUS
BPOL	CHAR ORG
BPOL	EDUCATIONAL
BPOL	CHARITABLE
BPOL	EDUCATIONAL
BPOL	SWIM CLUB
BPOL	RELIGIOUS
BPOL	
BPOL	HEALTH PLANNING
BPOL	COMMUNITY CENTER
BPOL	RELIGIOUS MISSION
BPOL	RELIGIOUS
BPOL	EDUCATIONAL
BPOL	PRISON MINISTRY
BPOL	RELIGIOUS
BPOL	NONP REL
BPOL	INC INST OF LRNING
BPOL	EDUCATIONAL
BPOL	EDUCATION
BPOL	EDUCATIONAL
BPOL	CHURCH
BPOL	NON PROFIT ED
BPOL	SR CTZN TRAINING
BPOL	NONP CHLDRNS DIAGN CENTER
BPOL	NOT STATED
BPOL	MINISTRY
BPOL	EDUCATIONAL
BPOL	CHARITY
BPOL	NONPROFIT ED
BPOL	NOT STATED
BPOL	PRISON MINISTRY
BPOL	LOW INC HOUSING
BPOL	NONP HOSPITAL
BPOL	EDUCATIONAL

[illegible]

BPOL	FUND RAISING FOR SCHOOL
BPOL	MINISTRY
BPOL	CHURCH
BPOL	CHURCH
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MEDICAL CARE FOR FAMILIES PROJECT AGREEMENT

THIS AGREEMENT, made this 19<sup>th</sup> day of July, 1989, by and between Group Health Association, Inc., a District of Columbia not-for-profit corporation, qualified to transact business in the Commonwealth of Virginia (hereinafter referred to as "GHA"), and FAIRFAX COUNTY of the Commonwealth of Virginia (hereinafter referred to as "FAIRFAX").

WITNESSETH:

WHEREAS, GHA is a health maintenance organization qualified to conduct its business by and in accordance with the laws of the Commonwealth of Virginia; said business being the delivery of pre-paid health care to its members; and

WHEREAS, FAIRFAX has authorized and endorsed a project of the Department of Community Action known and operating as Fairfax County's Medical Care for Families Project, hereinafter referred to as "Project", a non-profit, unincorporated project of FAIRFAX organized for the purpose of designing and implementing plans for delivery of certain limited health care services to minor residents of Fairfax County unable to attain any other form of health care and ineligible for any other government assisted medical care programs (other than Hill-Burton funds and state and local hospitalization plans); and

WHEREAS, GHA seeks to ensure that health services are available to medically underserved populations; and

FAIRFAX CIRCUIT COURT	
C/W - <u>PLT</u>	EX. <u>23</u>
DATE	<u>3-19-91</u>
JUDGE	<u>678</u>
CASE NO.	<u>197213</u>



WHEREAS, GHA is seeking to promote this access to quality health care in the communities which it serves and seeks to assist FAIRFAX and the Project in the furtherance of its goals; and

WHEREAS, FAIRFAX, in furtherance of its goals, seeks the assistance of GHA in providing access to quality health care in the community for certain medically underserved children.

NOW, THEREFORE, in consideration of the mutual promises herein contained, the parties hereby agree as follows:

1. Definitions: As used herein, the following words are defined as set forth below.
  - A. Participant: shall mean a child or adult qualified for care through the Project and selected to receive care from GHA in accordance with the terms contained herein.
  - B. Term: shall mean the initial twelve month period or any subsequent twelve month period during which this Agreement is in effect.
  - C. Provider: shall mean any physician or non-physician providing health care services. GHA Provider shall refer to a Provider employed by GHA.
  - D. Commencement Date: shall mean the date mutually agreed upon between the parties as the date on which Participants may first be eligible for services in accordance with this Agreement.
  - E. Skyline Center: shall refer to the GHA facility at 5109 Leesburg Pike, Falls Church, Virginia.

2. Term: This Agreement shall be in effect for the period commencing on or about the 1st day of July, 1989, and terminating at the close of business on the 30th day of June, 1990. Any subsequent Term shall run for the 12 month period next upon the written agreement of the parties hereto and in accordance with Section 9, hereinbelow.

3. Compensation: FAIRFAX shall pay unto GHA the sum of \$27,000 as compensation for the services as set forth below. Said \$27,000 shall be due and payable in two equal installments of \$13,500, the first being due upon execution of this agreement and the second payment being due on or before January 1, 1990. It is acknowledged that FAIRFAX and GHA shall be bound by this Agreement only to the extent of appropriations available to FAIRFAX for the purchase of the services herein.

4. Project Participants: In executing this Agreement, Project represents that it has made reasonable efforts to ensure that none of the children or adults qualified for participation in the project are known to currently have an established physician-patient relationship which would be impaired if such a child or adult were to become a Project participant. This representation does not refer to any single or limited prior treatment of a Participant on an acute care basis. Project shall select a group of 60 children and adults qualified for participation in the Project who shall be over the age of 30 days

and not hospitalized on Commencement Date and in accordance with the following:

- A. Qualification for Program: Participants in the Project shall be children or adults who are either not now receiving benefits under any health insurance policy or not now members of any health plan and have been determined to be ineligible for any form of federal or state assisted health care benefit, including Medicaid, other than Hill-Burton funds and state and local hospitalization plans.
- B. Simultaneous Enrollment/Eligibility: The initial 60 Participants shall be selected prior to Commencement Date and shall be enrolled and eligible simultaneously for services on Commencement Date.
- C. Random Selection: The selection of the 60 Participants shall be a wholly random process with no consideration being given to any single Participant's physical or emotional condition at the time of selection, except as otherwise provided herein.
- D. Sibling Enrollment: Project shall endeavor to assign individuals within the same family to GHA, notwithstanding provisions regarding random selection.
- E. Maximum Enrollment: At no time shall the number of participants assigned to GHA exceed 60.
- F. Reduction in Number of Participants: In the event the number of Participants assigned to GHA falls below 60 at any time prior to the last four months of the Term, additional new Participants may be assigned as required to bring the total number of participants to 60, but in no event shall the total number of new Participants assigned to GHA during the Term exceed a total of 30 new Participants.
- G. Prohibition Against New Participants: At no time subsequent to the first day of the ninth month of the Term shall any new Participant be assigned to GHA notwithstanding a reduction of the number of Participants below 60.
- H. Selection of New Participants: In the event it becomes necessary to replace a Participant, selection shall be by the same method and procedure set forth above.
- I. Renewal of Participants: In the event this Agreement is renewed, Project agrees to maintain the enrollment of those Participants enrolled on the last day of the preceding term, provided those Participants are willing

and able to continue participation in the Project.

- J. Right to Decline Assignment: Notwithstanding any provision contained herein to the contrary, GHA reserves the unqualified right to decline assignment of any Participant to GHA in the event, and in the sole determination of GHA, after consultation with FAIRFAX, a Participant has any condition for which the terms and limitations of this Agreement will prevent adequate or continuous care or if a significant aspect of that participant's care must be provided by a non-GHA Provider on a regular basis.

5. Administrative Matters:

- A. Location of Service: Each Participant shall receive ambulatory care at the Skyline Medical Center except as otherwise provided herein. Weekend and After Hours Care shall be obtained at the GHA Annandale Center, located at 7601 Little River Turnpike, Annandale, Virginia. Emergency and After Hours Care obtained through non-GHA providers shall be subject to the terms and conditions set forth hereinbelow.
- B. Identification Card: Each Participant shall receive an identification card from GHA with an identifying number or marker corresponding to an identification number or marker on the medical chart of the participant as maintained by GHA. GHA shall assume sole responsibility for the actual printing of such identification card.
- C. Parent/Guardian Accompaniment: GHA reserves the right to decline to render non-emergency care to any Participant under, 18 years of age not accompanied by a parent, legal guardian or other person capable of providing legal consent to treatment.
- D. Primary Care Physician: Each participant shall be assigned by GHA to a family practice physician at the Skyline Center who shall serve as that participant's primary care physician for the Term. The parent or guardian of each Participant shall be informed of the name of the primary care physician. Participants shall schedule visits with the designated primary care physician. No Participant shall be entitled to schedule a visit with a GHA Provider who is a specialist without the prior referral of a family practice physician.

6. Services Provided:

- A. General Care: When provided by a GHA Provider, participants shall be entitled to routine physical examinations, laboratory services, well-child care, immunizations, and x-ray services, only when such x-ray services can be provided at a GHA facility.
- B. Hospitalization and In-and Outpatient Services: If a Participant is hospitalized at the Fairfax Hospital or Arlington Hospital inpatient services shall be provided, if such services can be provided by GHA Providers and are services covered by the terms of this Agreement. Inpatient services shall not be provided by GHA at any other hospital or facility of any nature or for any reason.
- C. Mental Health Treatment: GHA will provide each participant a maximum of 20 outpatient mental health visits per Term with a GHA Provider for conditions that, in the judgement of a GHA Provider, are responsive to significant improvement through short-term therapy. Treatment for chronic care problems or long-term psychotherapy will not be provided. However, when such treatment is indicated, Project shall be notified of the need therefore, in accordance with the terms and conditions set forth elsewhere herein.
- D. Eye Refractions: GHA will provide each Participant with one eye refraction per Term, upon request.

7. Services Not Provided: In addition to those limitations set forth above, the following exclusions apply.

- A. Hospital Charges: GHA shall not be responsible for any fees, charges or other expenses incurred at any hospital, acute or chronic care facility, inpatient or outpatient facility, or emergency room or treatment center, regardless of whether a participant is directed to or admitted by a GHA provider and/or test, x-rays procedures or consultations are ordered by a GHA Provider at any of the above locations.
- B. Unavailability of Beds at Fairfax or Arlington Hospital: In the event GHA is unable to admit a Participant to Fairfax or Arlington for any reason

whatsoever and GHA is unable to establish contact with Project prior to hospital admission under emergent circumstances, GHA may direct the Participant to the nearest facility capable of rendering appropriate medical care. GHA shall endeavor to notify Project as soon thereafter as practicable. GHA shall not be responsible for these expenses as per Section 7(a), above.

C. Emergency and Non-Emergency Care by Non-GHA Providers:

GHA shall not be responsible for any medical fees or costs incurred by a participant when care has been obtained from a non-GHA Provider whether or not Participant has been referred for such care by a GHA provider. When a referral is indicated to a service that is either not available within GHA, or not available pursuant to this Agreement, GHA shall notify Project as soon as reasonable practicable and the parties shall mutually endeavor to effectuate and referral, if possible. GHA shall not incur any financial responsibility as a result thereof.

In the event Project alone effectuates said referral, Project shall notify GHA in a timely fashion of the name, address and phone number of the non-GHA Provider to whom the Participant is being referred and any difficulties or delay in effectuating a prompt referral.

- D. Transportation: Under no circumstance shall GHA be responsible for the emergency or non-emergency transport of participants to or from any GHA facility, hospital, emergency room or treatment center of any nature.
- E. Obstetrical Care: GHA shall provide limited services related to obstetrical or prenatal care. This obstetrical service will be limited to the initial diagnosis of pregnancy. In the event an obstetrician is indicated, GHA shall notify Project that a referral is necessary and Project shall effectuate said referral as set forth hereinabove.
- F. Dental Services: GHA shall not provide dental services of any nature to Participants.
- G. Durable Medical Equipment/Corrective Appliances: GHA shall not provide artificial aids or corrective appliances such as braces, prosthetic devices, hearing aids, corrective lenses, or eyeglasses or any other equipment including, but not limited to, oxygen tents, hospital beds or wheelchairs.

- H. Experimental or Investigational Services: GHA shall not provide any treatment, procedure, drug or drug usage, device or device usage or supplies which GHA has determined, in its sole discretion, to be experimental or investigational.
- I. Cosmetic Service: GHA shall not provide plastic surgery or other services which are indicated primarily for cosmetic purposes.
- J. Blood and Blood Products: GHA shall not provide Participants with blood or blood products.

8. Termination Procedures:

- A. Termination: Unless the parties agree otherwise, this agreement shall terminate at the close of business on the 30th day of June, 1990.
- B. Care of Participants: Any Participant hospitalized on the last day of the Term shall continue to receive the same level of care by GHA providers through the date of discharge or until such time as care can be reasonably transferred to a non-GHA provider. Project agrees to take all steps necessary to transfer the care of all Participants before the end of the Term so that the transfer of care will be orderly and effective upon termination of this Agreement.

9. Notice of Intent to Renew: In the event the parties seek to renew this agreement as written or amended for an additional Term or Terms, notice shall be provided by each party to the other, in writing, no later than 60 days prior to the last day of the Term. Notice to FAIRFAX shall be sent to: Sandra Stiner Lowe, Executive Director, Fairfax County Department of Community Action, 11216 Waples Mill Road, Fairfax, Virginia, 22030. Notice to GHA shall be sent to: Robert P. Younes, M.D., Group Health Association, 5109 Leesburg Pike, Falls Church, VA 22041.

10. Conversion: At no time during the Term shall a Participant be considered a member of GHA nor shall any Participant be entitled to convert to membership within the GHA program. Nothing contained herein, however, shall prevent a Participant from electing GHA through an employee benefit plan or through direct pay after submission to standard screening processes outside the period of this Agreement.
11. Liaison: GHA and Project shall each designate appropriate persons to serve as liaisons in order to facilitate communication between the parties concerning this Agreement and the Project.
12. FAIRFAX shall indemnify and hold harmless GHA, its trustees, officers, servants, agents and employees from and against all claims, damages, losses, expenses and liability (specifically including but not limited to attorneys fees and court costs), arising out of the negligence of FAIRFAX in providing services under this agreement. At its own cost, FAIRFAX shall defend any and all such claims, suits or actions brought against GHA which are covered by this provision.

GHA shall indemnify and hold harmless FAIRFAX, its officers, servants, agents and employees from and against all claims, damages, losses, expenses and liability (specifically



including but not limited to attorneys fees and court costs) arising out of the negligence of GHA. At its own cost, GHA shall defend any and all such claims, suits or actions brought against FAIRFAX which are covered by this provision.

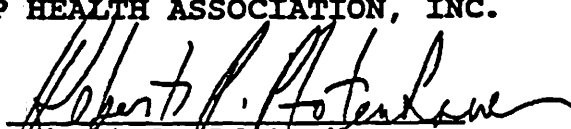
13. Interpretation: In the event of dispute between the parties concerning this Agreement, the parties agree that the Agreement shall be interpreted in accordance with the laws of the Commonwealth of Virginia.

14. Entire Agreement/Waiver/Illegality: This Agreement, together with any amendments hereto, shall constitute the entire agreement between the parties and may not be changed unless in writing and signed by both parties hereto. The waiver of any provision contained herein by either party on one instance shall not operate as a waiver of that provision on any other instance unless such waiver is express. In the event any provision of this Agreement is deemed illegal or unenforceable, the validity of any other provision shall not be affected.

IN WITNESS WHEREOF, the parties hereto have respectively signed this Agreement on the day and year first-above written.

GROUP HEALTH ASSOCIATION, INC.


BY:

  
Robert P. Pfotenbauer  
Chief Executive Officer

7/17/89

FAIRFAX COUNTY, VIRGINIA

BY:

  
LARRY N. WELLMAN, DIRECTOR  
PURCHASING & SUPPLY MANAGEMENT AGENCY

AUG 9 1989

PROJECT SUMMARY

Community Action has served the needs of Fairfax County for over twenty-five years. Programs providing food, clothing, housing, medical care, education, day care, training, recreation and counseling have positively effected the lives of everyone from the newborn to the senior citizen. The indigent have received services, care, information, assistance, food, clothes and even Holiday gifts through both government agencies and the public-private partnerships established by the Department of Community Action (DCA).

Paramount among its many successful programs, the Fairfax County, Department of Community Action has created a public/private partnership designed to provide health care to low-income children who are without private health insurance and at the same time ineligible for Medicaid. The Medical Care for Children Project (MCCP) involves a total of 200 physicians in private practice, 2 major HMO's, 7 pharmacies, 3 labs, an acute care center and 52 dentists who participate and share the responsibility of caring for medically indigent children by providing their services at 0 - 50% of the normal rate. Fairfax County has provided the mandate, the initial funding, and personnel to develop and implement the MCCP. Additionally, business leaders have united to form an Advisory Council, whose primary responsibilities are to guide, direct and fiscally support the project.

The MCCP is aimed at family self-sufficiency and currently serves almost 1000 indigent children per year who do not have any resources to obtain health care. They are the children of "the working poor", who must often make daily purchasing decisions between rent, food, transportation, clothing and medical care. The DCA estimates there are 19,000 uninsured, indigent children in Fairfax County.

Eligibility criteria states that each child must (1) be at or below 125% of poverty, (2) cannot be eligible for Medicaid, and (3) can not have private health insurance or a health plan. Using these criteria, children eligible for Head Start and subsidized USDA lunch programs have been registered. Children living in shelters, welfare motels, subsidized housing, trailers, and cars have been registered. Even illegal aliens have come forward with sick children despite their obvious fears of deportation. Client contact through outreach, originated from the community-based agencies, takes the forms of door-to-door information sharing, distributing flyers, speaking at community meetings and telephone inquiries. These vehicles of communication are initiated in three languages. Through the assignment of case managers to each family, DCA is able to ensure a holistic approach to intervention insuring the provision of medical and ancillary services while addressing the needs of the child, the family and the community.

FAIRFAX CIRCUIT COURT	
C/W - PLTF	EX- 24
DATE	3-9-91
JUDGE	NJO
CASE NO.	197213

The Medical Care for Children Project has been recognized for excellence in its design and impact by four, major, national organizations:

- 1987        National Association of Counties - Achievement Award
- 1989        The National Center for Public Productivity, Rutgers University - Innovations Award
- 1990        International City Management Association - Carolyn Keane Award
- 1990        Ford Foundation and Harvard University - Innovations in State and Local Government - Annual Award.

In summary, the availability of low-cost, affordable medical care for children is not a problem that exists in-and-of itself. The absence of health care is complicated by the need for job counseling, transportation, food, clothing, housing, pregnancy, and language. Recognizing this, the DCA has designed a program that meets a high visibility need, is cost-effective and can be replicated in any jurisdiction throughout the County.

**POVERTY: THE SECRET OF THE SUBURES--****FAIRFAX COUNTY, VIRGINIA, REACHES OUT TO UNINSURED CHILDREN**

Visit the new Town Center Shopping Plaza in Reston, Virginia, and you enter the world of luxury. Here you can sip champagne, dine on gourmet foods, buy designer fashions and indulge your children with the latest in high-tech toys and snugly soft teddy bears--expensive, but too adorable to pass by. Stroll through this glamorous, upscale mall, and you'll know that Fairfax County, Virginia, is definitely one of the most affluent counties in the nation.

But venture less than two miles away from this posh palace, and you'll enter the world of poverty and need. Here, innocent children are not pampered with up scale toys. Instead, they suffer in pain because their parents are trapped in the frustrating and sometimes seemingly futile world of the working poor. Despite the heroic efforts of these parents, they can't always afford even the most basic of medical care for their children.

Here, infants can cry through the night with an ear infection because all they feel is pain. Because they may not receive their immunizations on time, preschoolers are at serious risk for contracting diseases which are easily is world,  
elementary-age children can come home nd their

*Original*

FAIRFAX CIRCUIT COURT		
C/W	PLA	EX-25
DATE	3-19-91	
JUDGE	WJP	
CASE NO.	L97213	

mother in tears because she doesn't have the money to buy Tylenol, even though several of her children have fevers soaring in the 100's. Here, a teenager may try to hide the fact that she is pregnant and not receive proper prenatal care simply because she knows there isn't enough money for her to see a doctor.

It is in this type of world that Nancy,\* a single, divorced mother, lives in a cramped basement apartment with her five young children. Instead of enjoying affluence and peace of mind, Nancy has frequently lived with the worst fear a mother can face: that she would not be able to get proper medical care for her children when they were sick.

When she was on welfare, Nancy didn't have to worry about medical care for her children because she qualified to receive Medicaid benefits for them. But receiving welfare when she was perfectly capable of working, Nancy felt, just wasn't right. That's why she got a job driving a school bus. But, ironically, with a job, Nancy was actually in worse financial shape.

Because she was earning more than the \$5,800 per year ceiling allowed by the state, she could no longer receive Medicaid for her children. Yet, on her bi-weekly gross salary of \$311, she could only afford to carry insurance on herself, not her children. With insurance for her children, she would have brought home only \$142

\* Not her real name.

every two weeks, hardly enough to pay the rent, let alone provide for anything else. With no medical insurance for her children, she nervously worried that they would become ill.

"That's the time that the kids would get sick," she says, "When I didn't have any coverage."

When they did get sick, she would try to care for them as best as she could. But she lived in constant fear they might die if she didn't take them to the doctor. So, when the pain and the crying didn't stop, when the fevers kept climbing--when she couldn't see her children suffer any longer--she would take them to the emergency room, even though she couldn't afford it. Emergency room care, of course, is much more expensive than regularly scheduled preventive care visits to the doctor. But, without insurance, Nancy didn't have a choice. She had to do something to get medical attention for her children, and it was her only way.

Just a few blocks away, Paula,\* another single mother has gone through the same agony. After her divorce, she, too, found it necessary to stay at home and apply for welfare because her young children needed support. However, as soon as they were old enough, she started working so she, too, would not have to receive welfare.

\* Not her real name

"I didn't want to just stay at home and let the county take care of me," Paula says. "But it's hard because you have to make a decision: Do I give the proper medical care for my children, or do I try to make my life better by getting off welfare?"

She went to work, but with no medical care, it seemed as if she or, more importantly, her children, were being penalized. Since she didn't make enough to pay for medical insurance, medical care, or even over-the-counter prescriptions, she constantly had to devise ways to treat her children's illnesses. After each visit to the emergency room, she would worry and pray that the small sample bottles of Dimetapp, cough medicine or children's Tylenol she received would last through her children's illnesses. With asthmatic children passing a flu from one to another, sometimes Paula even found it necessary to give them the less-expensive adult formula.

Nancy and Paula are not unique. They are typical of more than 37 million Americans the American University of Pediatrics says can't afford health insurance. As a result, some 12 million children through age 21, nationwide, are uninsured, and not receiving proper medical attention. Even in Fairfax County, Va., where the median income is over \$70,000, an estimated 19,000 indigent children are not always able to see a physician simply because their parents can't afford it.

Nancy and Paula are classic examples of the plight of the working poor. They are caught in the Catch 22 of receiving welfare and the desire to work to improve their lives. Either they stay on welfare and provide medical care for their children or they get off, try to progress up the economic ladder and are saddled with medical bills they can't possibly afford to pay.

Until a few years ago, it seemed like a never ending circle of poverty. But now, Fairfax County, Virginia's, Department of Community Action has come up with a way to help break the cycle. Four years ago, they established their innovative Medical Care for Children Project (MCCP), a unique public-private partnership among the county government, the medical community, businesses and the public sector.

Here's how it works: the Department of Community Action provides the initial funding, identifies the children in need of help and coordinates the program; the business community underwrites medical costs and organizes fundraising; private citizens provide additional fundraising support; and the medical community provides their services at zero to 50 percent of the normal rate.

Since 1986, as a result of this close cooperation, over 2,500 uninsured children have been given the medical care they need. Through this program, needy children not only receive medical care, they receive it with dignity. These children are treated in the



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same facilities, from the same health care providers, as everyone else in the community.

Although the aim of the program is to provide medical care for children in need, it's potential goes well beyond that. Because the MCCP allows parents to receive proper medical care for their children, they are rewarded, not penalized, for getting off the welfare rolls.

"A lot of mothers don't want to be on welfare," Nancy says, "but they say, 'If I get off, my kids won't have any medical care.'"

Paula agrees. "With this program, I know that I can work and better myself and still take good care of my children and see that they are medically provided for."

Because this program is administered through the Department of Community Action, a host of other services, from transportation to translation, are readily available to help clients take advantage of this medical care.

"It is easier, therefore," says Sandra Stiner Lowe, Executive Director of the Department of Community Action, "for them to help themselves move up the economic ladder to self sufficiency."

In addition to winning the whole-hearted support of parents like Nancy and Paula, the MCCP has won a number of national awards, including the prestigious \$100,000 award in the 1990 Innovations in State and Local Government Awards Program. This program, jointly sponsored by the Ford Foundation and Harvard University's John F. Kennedy School of Government, considered more than 1,500 other worthy projects, but, in the final rounds, selected the MCCP.

"One of the most exciting aspects of the program," says Lowe, "is that it can be adopted by other communities. We are especially excited about receiving this grant because it will allow us to develop resource materials to show other communities how they, too, can reach out to needy children and give them the medical care they need, when they need it."

For more information on the MCCP, contact: Sandra Stiner Lowe, Executive Director, Fairfax County Department of Community Action, Fairfax County, 11216 Waples Mill Road, Fairfax, VA 22030, (703-245-5171).

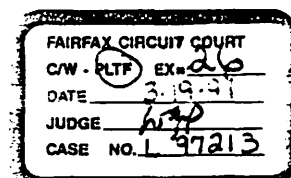
**MEDICAL CARE FOR CHILDREN OF THE WORKING POOR  
FAIRFAX COUNTY, VIRGINIA, LEADS THE WAY**

In 1981, when Mark\* was three years old, his parents brought him to the Kaiser Permanente Health Care facility in Reston, Va. Here Physician-In-Chief and pediatrician, Lawrence Kelly, M.D., detected a serious heart murmur and referred Mark to cardiology for evaluation. Preliminary studies in cardiology confirmed Kelly's initial findings and indicated that Mark had a serious congenital heart problem which would probably require surgery.

Before Mark could be given the help he desperately needed, however, his parents experienced a serious financial crisis and had to leave the Kaiser program. Mark joined the millions of children of low-income families throughout the country whose acute and preventive medical needs are deferred or, in many cases, never met.

In 1987, however, the Medical Care for Children Project, a unique public-private partnership providing medical care for children of the working poor, made a difference. Mark, by this time, was able to come back to Kaiser Permanente. Lawrence Kelly had his patient again, and was able to give him the care he needed.

\* Not his real name



"He was returned to the care of the cardiologist, who diagnosed him as having pulmonary valve thickening." Kelly says. "Now, with much encouragement and assistance from our Medical Care for Children Project case workers, Mark's family cooperated in resolving his problem. He underwent cardiac catheterization and a balloon corrective procedure which afforded excellent results. Today, Mark enjoys an unrestricted normal life, and only needs antibiotic prophylaxis for dental and surgical procedures."

"Perhaps the most dangerous part of deferred care," Kelly points out, "involves immunization. We as a society all win when our children are immunized, and we all pay a great price when we fail to provide this protection. Witness the epidemics in Los Angeles, Chicago and Dallas, where new measles cases continue to occur, despite very costly and heroic measures."

"There is definitely a crisis in health care for children," says Sandra Stiner Lowe, Executive Director of the Fairfax County Department of Community Action, "but the problem is not insurmountable." Lowe backs her statement up with the success of the Medical Care for Children Project (MCCP).

"Through MCCP we have been able to provide low-cost medical and dental services to over 2,500 indigent children whose parents are not eligible for Medicaid, yet don't have the money to buy insurance or obtain medical care," she says. "These parents must

frequently make daily purchasing decisions between rent, food, transportation, clothing and medical care."

Through the efforts of Lowe's Department of Community Action, the medical community and local business leaders, Fairfax County is making significant progress in providing proper medical care for needy children.

"We have a tremendous amount of cooperation in the community," Lowe says.

The Fairfax County Department of Community Action provides the mandate, the initial funding and the personnel to implement the MCCP. The medical community links a whole network of health care providers: two Health Maintenance Organizations, Kaiser Permanente and the Group Health Association; 75 private physicians; 125 specialists; six group practices; seven pharmacies; three medical laboratories; an urgent care center; 50 dentists and three oral surgeons.

"These people share the responsibility of caring for medically indigent children by providing their services at zero to 50 percent of the normal rate." Lowe says.

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Business leaders have united to form an Advisory Council, whose primary responsibilities are to guide, direct and support the project financially.

The Medical Care for Children Project has been so successful and has such promise that it recently won a prestigious \$100,000 award in the 1990 Innovations in State and Local Government Awards Program. The Program, jointly sponsored by the Ford Foundation and Harvard University's John F. Kennedy School of Government, considered more than 1,500 other worthy projects.

But what makes the project work? Why do hundreds of health care professionals in Fairfax County provide their services at reduced rates? Why would Kaiser Permanente, for instance, start with 35 children in 1986 and now care for over 200?

"This gives us an opportunity to make a contribution to the community by doing something that we do best," says Al Burris, Medical Facilities Administrator at the Kaiser Permanente Springfield, Virginia, facility. "We see it as a major good-neighbor policy, being a part of the community and being able to do something for it."

Pharmacist Alan Shubin, owner of the Telegraph Pharmacy in Alexandria, VA. agrees that's it's important for business to provide for the community. In addition, there's an economic

benefit in that, unlike some other programs, MCCP will reimburse him for reasonable and customary costs.

One of the strongest benefits of the program is that it fulfills the basic mandate of the medical community itself.

"As pediatricians, we all want to help children," Kelly says. "More than that, as doctors, we want to help people who aren't getting proper care."

The Kaiser Permanente program itself, Kelly says, has a long history of doing things within the community. He feels very strongly that it is also in their interests as a nonprofit institution to maintain their tax free status by getting involved with community programs.

Kelly also points out that the structure of the Medical Care for Children Project appeals to his organization because it reduces the liability risks of doing soul-satisfying pro bono work.

"We certainly minimize risks when we have everything the way it is in our day to day practice," he points out. "We have the fine documentation of our medical records; we have support services in terms of a first-rate, fully accredited lab; and we have our own pharmacy here, so the way you get into trouble is certainly minimized."

In addition says Fred Nebel, Kaiser Permanente Medical Facilities Administrator at the Reston, Virginia facility, the cost of participating doesn't have to be a major impact on the system.

"We're not going to buy any new buildings; we're not going to have any new managerial people; and we're probably not going to have any more staff," Nebel says as he refers to Kaiser Permanente's present level of participation. "So all we do is take a little bit more time, a bit of a marginal effort and cost to our system."

The medical community also receives a certain public relations benefit from participating in this project. But an even larger benefit, Nebel says, is the heightened morale of the staff who really feel good about what they are doing to help children in need.

"Children living in shelters, welfare motels, subsidized housing, trailers and even cars have been registered," Lowe says. "Even illegal aliens have come forward with sick children, despite their obvious fears of deportation."

Through this project, indigent children are not only being cared for, they are mainstreamed and receive the same medical care as anyone else. They are seen by a neighborhood physician and obtain medicine at affordable costs.



Perhaps the biggest motivational factor for everyone involved in the Medical Care for Children Project is that, in addition to addressing the immediate goal of caring for children, the project is administered through the Department of Community Action, it is more than a stopgap measure. Since dedicated case workers can offer whole packages of services from transportation to translation, families participating in the project are induced to use all these services to help them move up the economic ladder.

Through its Medical Care for Children Project, Fairfax County, Virginia has established an extremely effective program which not only meets the immediate medical needs of indigent children, but also establishes a prototype others can use to help solve a major health crisis.

Now, with the award from the Ford Foundation and Harvard University, it will be able to develop a program which can be replicated throughout the nation.

For more information on the MCCP, contact: Sandra Stiner Lowe, Executive Director, Fairfax County Department of Community Action, Fairfax County, 11216 Waples Mill Road, Fairfax, VA 22030, (703) 245-5171.

FAIRFAX CIRCUIT COURT	
C/W - KLP	EX. 27
DATE	3-19-91
JUDGE	WJP
CASE NO.	197213

**FAIRFAX COUNTY, VIRGINIA, MEDICAL CARE FOR CHILDREN PROJECT****A CHARITY WHICH MAKES GOOD BUSINESS SENSE**

What does a major bank have in common with a chain of community newspapers? How is a land development corporation similar to a CPA firm, or a research corporation similar to a health maintenance organization?

In a word: donations. Regardless of the type of business you are in, one thing is certain. You will be asked to make charitable contributions to worthy causes--many of them. And, recognizing that it's the right thing to do, you will probably set aside a portion of your budget for charity. That, of course, is the easy part.

Once you have dedicated the funds, there are still some tough decisions to make. Which projects will you accept? Which ones, although very worthy, will you have to turn down? These are never easy decisions for any business, large or small, and it's particularly difficult during slow economic times. Ideally, a worthy charity should address a major problem in our society today. More importantly, it should do it economically and with such businesslike efficiency that it has the potential to produce long-range results which will have a major positive impact.

It sounds like a tall order to fill. The Medical Care for Children Project (MCCP) in Fairfax County, Virginia, however, is doing all

of this and more. It is addressing a major crisis of today, yet it is so comprehensive that it is truly showing major results. The MCCP provides low-cost medical and dental services to children whose parents are caught in a "financial limbo."

"They are the children of the working poor," says Sandra Stiner Lowe, Executive Director of the Fairfax County, Virginia, Department of Community Action, the agency which administers the project. "Their parents earn too much to qualify for Medicaid, yet not enough to buy insurance or obtain medical care. Each day, they must make painful decisions about whether to pay their rent, buy food and clothing, pay for transportation, or purchase the medical care they know their children desperately need."

In the United States, the American Academy of Pediatrics estimates, there are some 12 million children through age 21, who are uninsured, and an even greater number who are underinsured and are not receiving proper medical attention. Even in affluent Fairfax County, Virginia, where the median income is over \$70,000, there are about 19,000 children at risk because of inadequate medical care.

The Medical Care for Children Project has such potential that it recently won a \$100,000 award in the prestigious 1990 Innovations in State and Local Government Awards Program. The Program, jointly sponsored by the Ford Foundation and Harvard University's John F.

Kennedy School of Government, considered more than 1,500 other worthy projects.

But what is it about the M CCP that caused this distinguished team of scholars, governmental and business leaders to single it out for their financial backing? Why do they feel that it has such potential? What is it that makes the M CCP such an effective force in its' community?

No one attribute, of course, is responsible for M CCP's success. Its' effectiveness is the result of many components working together to produce outstanding results. Heading this list is its organizational structure. The M CCP is organized and operated in a way that makes good business sense and effectively utilizes the resources in the community. The Department of Community Action provides the mandate, the initial funding and the personnel to develop and implement the program. A whole network of health care providers--private physicians, health maintenance organizations, laboratories and pharmacies provide their services at zero to 50 percent of the normal rate.

The role the business community plays in the M CCP is particularly innovative because it goes far beyond just passively handing out funds. Through an Advisory Council, business and community leaders share their knowledge, experience and expertise to guide, direct and support the project in a business sense as well as financially.

They become personally involved in developing creative strategies to help the MCCC grow.

Recent and planned fund-raising promotions of the MCCC Advisory Council are especially innovative. One that Theda Parrish, Director of Corporate Communications for Atlantic Research Corporation, and Dr. C. Barrie Cocke, American Medical Labs, Inc., in Fairfax, Virginia, are helping organize is a Phantom Golf Tournament. There are many people, Cook points out, who either don't enjoy or don't have the time to enjoy golf. The advantage of a phantom event, he says, is that it appeals to both kinds of people. So, the MCCC Advisory Council is organizing an armchair golf competition. It will give golfers a chance to show off their golf I.Q. without worrying about the weather or tee times and let them have fun while making a contribution to a worthy cause.

MCCC will also raise funds by hosting a stay-at-home tea party. It will mail out tea bags and invite guests to enjoy tea in their own home. They get to contribute to a worthy cause, but don't have to get dressed up and drive to attend another ritual tea. Other events such as a fashion show luncheon and a dinner with sports celebrities are in the planning stages and have the potential for raising a considerable amount of funds for the project.

Because the members of the Advisory Council are actively involved in creative fundraising, the business-acumen leverage provides

strong financial backing for the M CCP. Eric W. Erdosy, the M CCP Advisory Council Chairman, who is also Vice Chairman and Chief Administrative Officer of the 1st American Bank in McLean, Virginia, estimates that, each year, his Council will raise \$150,000 to \$200,000 until the goal of a one million endowment is achieved.

Couple this solid financial backing with the M CCP's very low overhead, and the effectiveness of the project grows. Because this project is administered through the County, administrative overhead is absorbed. Medical costs are kept to a minimum because member health care facilities are already fully operational.

"All we do is take a little bit more time, a bit of marginal effort and cost to our system," says Fred Nebel, Kaiser Permanente Medical Facilities Administrator at their Reston, Virginia, facility. As a result, the money that business donates and obtains through fundraising is able to be used directly to provide medical care for more needy children. In addition, because the M CCP integrates the County's other auxiliary community action services--from transportation to foreign language translation--many of the barriers that keep children from receiving medical care are overcome.

The M CCP is also effective because of networking, says Florence E. Townsend, member of the M CCP Advisory Council and Executive

Director of the Northern Virginia Community Foundation.

"The concept of bringing so many segments of the community together, to me, is the ultimate in people caring for other people."

The Northern Virginia Community Foundation plays a major role in the MCCP's effectiveness. By having the Foundation receive and disburse funds on their behalf, the MCCP is able to overcome the reluctance of most people to write a check to their county government--even though their money would be used to help needy children. By sending money to the Foundation, contributors are also able to take a income-tax deduction because of the Foundation's tax-exempt 501(c)(3) status.

"It's one of those unique public/private partnerships that brings together all of the available resources in the community to bear on one problem," says Erdossy.

In a world where results often get sandtrapped in bureaucracy, the results of the MCCP are phenomenal. Because of strong backing from the business and medical communities, low overhead, and dedicated community action workers, during in its four-year existence, MCCP has provided low-cost medical and dental services to more than 2,500 children.

One of the most satisfying aspects of working with the project, Parrish says, is its wide scope.

"It's an opportunity to make a major impact on a lot of children who are in need of medical and dental care," she says. "Very often you can give contributions and help one child or two children, but, in this case, it's an opportunity to make an impact on thousands of children who are either uninsured or underinsured. They have parents who are hard working, but still unable to afford the medical care that their children need."

The MCCP is making progress in other areas as well. While its' primary purpose is to provide medical care for children, it also helps the working poor escape the vicious trap of receiving welfare. By providing them with affordable and available medical care for their children, they no longer have to choose between staying on welfare and receiving medical care for their children or not having it if they get a job and leave the system. As a result, many are able to get jobs and work toward economic independence.

The most promising aspect of the MCCP is its' potential for long-range effectiveness. The Advisory Council isn't satisfied with just providing day-to-day operating expenses for the MCCP. They want to make it permanent by establishing an endowment of one million dollars.



"The focus of this project is very specific, targeted and achievable," Erdosy says. "It is a problem you can define in its totality."

Parrish agrees. "With many charitable groups, it seems as if no matter what you do, the problem will still be there," she says. "There is no conclusion to it, and that is just the nature of a lot of problems. But, in this particular case, if we can put the endowment together, then we can sort of dust our hands and say 'o.k., we've taken care of that problem,' and walk away. The endowment will stay there to continue supporting the children who need medical and dental care far into the future. And that's very satisfying to me, to be able to do something and to say at the end, "We took care of that problem."

Other members of the MCCP Advisory Council feel the same way. While MCCP makes excellent economic and managerial sense, business leaders find that participating on the Council is also quite personally rewarding to them.

"I like to help the kids," says Erdosy. The members of his Council, all prominent business and community leaders with very demanding schedules, are there for the same reason.

"All the members of our advisory council are there to participate in the process," Erdosy says. "They aren't participating to have

their name on a letterhead," he says, "because we don't have a letterhead. They are there because they want to be there, because they think the project is a good one, and they want to lend their influence and support."

"I really see it as a way to give something back to the community," says Janet Hill, Vice President of Alexander and Associates, a consulting firm in Washington, D.C. "There are an awful lot of needy people, some of whom are children, and we're talking about providing them with basic health care so that they can live and prosper into adulthood. For that, I'm willing to work."

A well-managed charity, like an effectively run business, is going to produce better results and have the potential to give a greater return on the "investment." Although businesses do not gain financially from investing in charitable causes, it just makes good business sense--especially in a tight economy--to fund those projects which are organized and operated in a way that gives them the greatest potential for doing the most good.

Now, as the MCCP staff works toward developing materials to help other communities duplicate the program, even more impressive accomplishments will result.

"By sharing our knowledge and expertise," says Richard J. Olson, Economic Development Coordinator for the MCCP, "the program in

Fairfax County, Virginia, will be the seed of a vast nationwide effort to have needy children receive the medical care they need and deserve and, at the same time, help their parents work to improve themselves economically."

The MCCP project, in caring for today's children--tomorrow's future--sets new standards of administrative excellence for charitable organizations.

For more information about this program, contact: Sandra Stiner Lowe, Executive Director, Fairfax County Department of Community Action, 11216 Waples Mill Road, Fairfax, VA 22030, (703-246-5171).

**BYLAWS  
of  
GROUP HEALTH  
ASSOCIATION,  
INC.**

January 11, 1980

FAIRFAX CIRCUIT COURT	
DEF RESP EX <sup>o</sup>	<u>1</u>
DATE	<u>3-19-91</u>
JUDGE	<u>WTF</u>
CASE NO	<u>Law 97-213</u>

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## GHA BYLAWS

### ARTICLE I. NATURE AND PURPOSE

§1:1 *Membership Organization*—Group Health Association, Inc. (hereinafter called GHA) is a non-profit membership corporation, without capital stock.

§1:2 *Purposes*—The purpose of GHA is to provide to members comprehensive health services of high quality through group practice and prepayment in and about the Metropolitan Area of Washington, D.C.

GHA is based on the premise that group practice of medicine and dentistry is desirable for the effective provision of health services of high quality and that prepayment is desirable for budgeting and spreading the cost of health care. Related purposes are to promote training in the health professions, contribute to medical research, educate its members in health care, and advance knowledge and understanding of basic health issues and of the means whereby high quality health services may be made available to the public.

§1:3 *Democratic Control*—GHA is a democratically controlled organization governed by a member-elected Board of Trustees in the interest of the members.

§1:4 *Not an Insurer*—GHA provides for each member and enrolled dependent the services for which the member has subscribed through GHA physicians, associated clinical staff, and GHA facilities, or through other arrangements made by GHA. GHA is not an insurer and does not engage in the business of insurance. It does not pay, reimburse or indemnify its members for health services or hospitalization obtained outside GHA unless authorized by GHA.

## II. MEMBERSHIP

§2:1 *Eligibility For Membership*—Membership in GHA shall be open to any person residing in or about the Metropolitan Area of Washington, D.C. who enrolls for the services offered under GHA's medical program, with or without supplementary services. GHA shall have regulations relative to acceptance of applicants on either an individual or group basis. No group shall be enrolled except under terms such that the individual members of the group at the time of enrollment and periodically thereafter will have a choice of taking an alternative health service prepayment or health insurance plan so that their application for, or retention of, membership in GHA is on the basis of individual choice.

§2:2 *Member*—The term "member" means a person who is accepted for membership and such person's enrolled spouse. Dependent persons may be enrolled for service pursuant to GHA regulations. All dealings affecting the status of the membership shall be with the member. Except as may be provided by GHA regulations or policies, notice to any person who is accepted for membership and such person's enrolled spouse shall constitute notice to the dependents as well.

§2:3 *Group Contracts*—GHA may enter into contracts with organizations for the enrollment of groups of persons. All groups shall be enrolled for services in GHA's medical program and shall pay community rates; that is, GHA's regular group charges for the plan in which enrolled. GHA may enter into a contract to provide a group with supplementary services additional to those provided under the medical program with the group being charged for such services at rates which reflect the cost of providing such services.

§2:4 *Rights of Members*—Each member in good standing shall have one vote for the election of each Trustee and one vote with respect to any

other matter voted upon by the membership. Each shall have the same rights, privileges and obligations provided to other members under these bylaws.

§2:5 *Conditions of Membership and Participation*—Any person accepting membership in GHA shall be deemed by so doing to have agreed to be bound by all the provisions of the GHA bylaws and regulations, as they may be altered, amended and added to from time to time. Any person accepting medical or dental treatment or attendance or hospitalization services procured or provided by GHA shall be deemed by so doing to have (1) authorized any hospital, physician, dentist, or other institution or practitioner to provide the Medical Director of GHA any information relative to the medical or dental history or condition of the said person; (2) authorized any of GHA's physicians or dentists to assume responsibility for medical care or dental care, as the case may be, for the said person, in the event that he or she shall be so incapacitated as to be unable to designate an attending physician or dentist and, in the event that the responsible member of the family is unavailable to give consent for such care; (3) consented, in the event that he or she shall institute suit against GHA, or any GHA officers, physicians, dentists, other practitioners or staff personnel, to the disclosure in any court by any physician, dentist or practitioner who shall have treated or attended him or her, of any information which such physician, dentist or practitioner shall have acquired in connection with such treatment or attendance; (4) agreed that, in the event that he or she is injured as the result of the act of a third party, GHA shall be subrogated to all of his or her rights of recovery against such third party, and that he or she will do nothing to prejudice such rights, but that subrogation shall be limited to the reasonable value of the services obtained for him or her, including all expenses incurred by GHA; (5) agreed that, if the member or dependent receives benefits under an acci-

dent or health plan, other than through a plan of GHA, for services provided at GHA's expense, GHA reserves the right to obtain reimbursement from the member (and/or dependent) for the cost of the services provided, (and/or the reasonable value of the services provided), but such reimbursement shall not be in excess of the amount recovered from the third source, with the proviso, however, that benefits received from such third source which are predicated solely on items of special damages (such as loss of income) which cannot be allocated to hospital and/or medical expenses shall not be subject to a claim for reimbursement by GHA; and (6) agreed to execute and deliver any documents necessary to effectuate any provisions of this section.

**§2:6 Suspension and Termination of Membership**—A member who expects to be away from the Washington Metropolitan Area for a temporary period may be granted suspension of membership in accordance with GHA regulations. Membership in GHA will be terminated for non-payment of amounts owed to GHA as provided in GHA regulations.

After due notice to the member and opportunity to be heard, the membership of a member who abuses the privileges of membership or conducts himself or herself in a manner detrimental to GHA may be terminated in accordance with regulations.

**§2:7 Membership Voting**—Amendment of these bylaws, any referendum of the members, and election of Trustees shall be accomplished by mail ballot. Ballots shall be mailed at least 15 days before closing of the polls. Ballots shall be mailed to all members on the membership roster as of the 10th day before the scheduled date for mailing ballots to members. There shall be no voting by proxy. The Board shall in each case set an appropriate date for the closing of the polls. The Board shall issue instructions regarding procedures applicable to the balloting in each case, including the form of the ballot. Ballots shall be

counted only if submitted in accordance with the instructions of the Board.

**§2:8 Membership Roster**—GHA shall maintain a complete alphabetical roster containing the names and addresses of the members. Such roster shall be open to examination by any member for membership matters only.

### **ARTICLE III. MEDICAL AND SUPPLEMENTARY HEALTH SERVICE PROGRAMS AND CHARGES**

**§3:1 Medical Program**—GHA shall make available to its members and enrolled dependents a medical program in GHA facilities or in those arranged for by GHA. The precise services to be made available under the medical program shall be set forth in GHA regulations and made available to each member. GHA may also arrange with one or more physician groups, associated clinical staff and/or facilities for the provision of health services to members, and may arrange with one or more hospitals in and about the Metropolitan Area for care of members. Implementation of this provision shall be consistent with §4:1.

**§3:2 Supplementary Health Service Programs**—GHA may also offer, on conditions determined by the Board, supplementary health service programs such as a dental service program or a pharmaceutical service program. Such programs may be offered on a prepayment plan, on a fee-for-service plan, or both. Such programs shall be open to members and dependents enrolled in a GHA medical program and may be offered to former members and dependents no longer so enrolled in accordance with GHA regulations.

**§3:3 Changes in Scope of Services**—The scope of services to be made available, together with limitations, exclusions, and conditions, shall be determined by the Board and may be changed by the Board, from time to time, by a majority vote

of the entire Board with full and fair disclosure to the members. However, before making any change in the scope of services which is estimated to cause an increase or decrease in costs of more than 3 percent in any one year, the Board shall notify the membership and shall provide for an open hearing so that members may give their views with respect to the proposed change.

**§3:4 Prepayment Subscription Charges**—The monthly prepayment subscription charges for the medical program and supplementary health service programs shall be fixed by the Board of Trustees and may be changed by the Board from time to time, as necessary, by a majority vote of the entire Board. The prepayment subscription charge for all GHA's medical and supplementary health service programs shall include, in addition to applicable direct costs, amounts for overhead costs, the capital required for facilities, and the contingency reserve; and such amounts shall reflect an equitable sharing among the members of the total GHA costs of outlays under these respective headings. However, before making an increase in excess of more than 3 percent in any year in the then existing prepayment subscription charges for any medical program, the Board shall notify the membership and shall provide for an open hearing so that members may give their views with respect to the proposed change.

**§3:5 Fees and Other Charges**—Fees and other charges for supplementary health services, special services, treatment, supplies and other items whose cost is not included in the monthly prepayment subscription charges shall be fixed in accordance with policies determined by a majority vote of the entire Board.

#### **ARTICLE IV. PROVISION OF HEALTH SERVICES**

**§4:1 Arrangements for Professional Services**—GHA shall arrange primarily through employ-

ment of duly licensed physicians and other professional persons, and, as necessary, by contracts or other arrangements with duly qualified individuals, institutions and corporations, to provide to members and their dependents the health services for which each member has subscribed.

**§4:2 Relationship with Professional Persons**—Physicians, dentists, and other professional persons maintain the doctor-patient relationship with members and their dependents, and hospitals maintain the hospital-patient relationship with members and their dependents. The Executive Director and the Board of Trustees of GHA or GHA's governing body shall not in any way supervise, regulate or interfere with the usual professional relationship between a practitioner and his or her patient. The physicians, dentists, hospitals, and other professional persons, agencies or organizations with which GHA contracts in order to arrange medical services and related health services for its members and dependents are not agents or employees of GHA nor is GHA or any employee of GHA an employee or agent of such professional person or organization in the practice of medicine or dentistry. Every agreement with any physician or dentist by which GHA arranges for the care of members or dependents shall contain a positive covenant to this effect.

**§4.3 Medical Records**—Information from medical records of members and dependents and information received by physicians or hospitals incident to the doctor-patient or hospital-patient relationship shall be kept confidential and shall not be disclosed without the consent of the member or his or her dependent except when necessary in connection with the internal administration of GHA's health services plans or except for use incident to bona fide medical research and education under circumstances wherein the patient's name is not disclosed.



**§4:4 Authorization by Medical Director**—Subject to the foregoing provisions of this Article, the manner in which medical, surgical, hospital, dental or related services of GHA shall be made available in each individual case to a member or dependent shall be determined and prescribed by the Medical Director, or his or her representative. No service, other than that provided by the staff, shall be arranged by GHA for any member or dependent, except in accordance with policies adopted by the Board and implemented by regulations. GHA shall have no obligation to pay for hospitalization or other services procured by or on behalf of a member or dependent that is not authorized or approved by the Medical Director or his or her representative in accordance with GHA regulations. Members must seek the authorization of the Medical Director prior to receiving non-GHA medical services. Implementation of this provision shall be consistent with the terms of §4:5.

**§4:5 Obligation to Report to Medical Center**—Members and their dependents shall come to a GHA medical facility or such other place as may be designated by GHA for all medical, dental or related services requested if their condition permits them to do so. If the condition of the member or dependent is such that he or she is unable to come to the medical center or place designated by GHA, such person or other responsible person shall notify GHA of his or her condition as promptly as circumstances permit. In emergency situations, members shall go to the nearest medical care facility rendering emergency services for treatment and shall notify GHA as promptly as is reasonable under the circumstances of the necessity to seek non-GHA care.

## **ARTICLE V. MEMBERSHIP MEETINGS**

**§5:1 Annual Meeting**—The regular annual meeting of the membership of GHA shall be held

in the Washington Metropolitan Area in April or May of each year at a time and place designated by the Board.

**§5:2 Special Meetings**—Special meetings shall be called by the President, or when directed by resolution of the Board, or within ten days after receipt by the President at the office of GHA of a written petition signed by at least 200 members eligible to vote. Special meetings shall be held in the Washington Metropolitan Area at a time and place designated by the Board. Only such business as is specified in the notice of the meeting shall be considered at a special meeting. Special meetings may be called for the purpose of communicating information to GHA members, ascertaining the opinions of the GHA members on matters relevant to GHA, and providing members with an opportunity to offer advice to the Board.

**§5:3 Notice**—Notice of the time, place and purpose of all annual and special membership meetings shall be given in writing or by publication in the GHA News not less than 10 nor more than 40 days before the date of the meeting.

**§5:4 Voting**—At every membership meeting each member of record 25 days before the meeting shall be entitled to cast one and only one vote on each question presented. There shall be no voting by proxy. Voting may be viva voce, unless the chairman calls for a show of hands, a rising vote, a roll call vote, or a secret ballot, except that a majority of the members present shall have the right to require a roll call vote or a secret ballot.

**§5:5 Rules of Order**—The parliamentary procedures for conduct of all meetings of the membership and the Board shall be governed by Robert's Rules of Order (Revised).

## ARTICLE VI. BOARD OF TRUSTEES

§6:1 *Functions of the Board of Trustees*—The Board shall establish the policies, and govern the affairs and property of GHA and shall have the responsibility and authority to take any and all actions consistent with these bylaws, to promote the purposes of GHA.

The Board shall keep itself informed on all aspects of GHA's performance, determine the objectives and policies that shall guide GHA operations and the standards against which GHA's performance may be assessed, and approve the GHA annual budget. The Board shall adopt personnel policies for GHA. Agreements with employee organizations shall be subject to ratification by the Board. The Board shall keep members and dependents informed as to their rights and obligations.

The Board shall appoint the Executive Director. The appointment of the Medical Director and Assistant Executive Director shall be subject to the concurrence of the Board.

§6:2 *Regulations*—Board policies shall be implemented by regulations issued by the Executive Director. Regulations and amendments thereto shall become effective when filed with the Secretary of the Board of Trustees. The Board shall review GHA regulations no less frequently than annually. All regulations shall be available to members, dependents and GHA employees.

§6:3 *Members of the Board*—The Board shall be composed of nine Trustees. Each Trustee shall be a GHA member on the membership roster and shall have been such for not less than two years immediately prior to his or her election or appointment to the Board. Neither a GHA employee nor the spouse of a GHA employee shall be a Board member. Trustees shall receive no payment or remuneration of any kind, except: (a) a reasonable allowance in lieu of expenses for attendance at Board meetings and (b) reimburse-

ment for actual expenses incurred on behalf of or for the benefit of GHA.

§6:4 *Election and Term of Office*—Three Trustees shall be elected by the members annually in April or May for terms of 3 years each. The newly elected Trustees shall take office at the commencement of the first Board meeting following the election. No Trustee shall serve continuously for more than 2 full terms. After the expiration of 1 year from the termination of 2 full terms of service as a Trustee, a member shall be eligible for appointment or reelection to the Board. Trustees shall serve until their successors take office.

§6:5 *Nomination of Trustees*—At least seven months before the date set for the closing of the polls for the annual election of new members of the Board of Trustees, the members shall be advised of the date of the forthcoming election and invited to submit the names of potential Trustee candidates. At least sixty days before that election, members shall be informed of the names of candidates nominated by the Nominations Committee and of the opportunity to nominate additional candidates by petition. The name of each qualified candidate nominated by the Nominations Committee or by membership petition signed by 200 members eligible to vote and received by the Secretary at least 45 days before the date set for closing of the polls shall appear on the election ballot.

§6:6 *Nominations Committee*—The Nominations Committee shall be composed of a chairman and at least four and not more than eight other members, all appointed by the Board at least seven months prior to the annual election of Trustees. No Trustee, officer, employee of GHA or spouse of a GHA employee shall serve on this committee. The committee, after inviting suggestions from the Trustees, committee members and membership, shall prepare a list of nominees for

positions on the Board to be filled at the next annual election. The list shall include at least twice as many nominees for positions as there are positions to be filled.

**§6:7 *Balloting for Trustees***—Election shall be by mail ballot pursuant to the provisions of 2:7 hereof with each member entitled to cast one ballot.

**§6:8 *Inspectors of Voting***—The President shall appoint five or more inspectors of voting for each mail ballot, none of whom shall be a Trustee, candidate for Trustee (in the event of an election), officer, or employee of GHA. The inspectors shall elect a Chairman of Inspectors from among themselves. The inspectors shall receive and take in charge all ballots and shall decide all questions touching upon the qualification of voters, the acceptance and rejection of votes, and the procedure in tabulating ballots. In case of a tie vote by the inspectors on any questions, the Chairman of Inspectors shall decide.

**§6:9 *Meetings***—The meetings of the Board shall be open to the membership, except that the Board may, by a 2/3 vote of the Board members present at such meeting, decide that a session should be closed. The Board shall hold not less than ten regular meetings each year, with at least one in each calendar quarter, at a place and time to be designated by the Board. Special meetings of the Board may be called by the President or by any three members of the Board.

**§6:10 *Notice***—Notice of the time, place and purpose of all Board meetings shall be mailed to each Trustee at least five days before the date fixed for the meeting. By consent of a majority of the Trustees, special meetings of the Board may be held without such notice. When a meeting is recessed it shall not be necessary to give notice of the recessed meeting, or of the business to be transacted at such meeting.

**§6:11 *Quorum***—A majority of the Trustees in office shall constitute a quorum for the transaction of business; and the act of a majority of the Trustees present at a meeting at which a quorum is present shall be the act of the Board, unless otherwise indicated in these bylaws. Only Board members present in person shall be counted toward a quorum, and there shall be no proxy or mail voting at meetings of the Board.

**§6:12 *Conflict of Interest***—A “conflict of interest” means (i) holding an office or position in, or (ii) being an employee or agent or advisor of, or (iii) possessing a substantial ownership interest in a firm, corporation, association or other entity with which GHA has a contract or with which GHA conducts a transaction. It also means accepting a payment or gift or other benefit from that entity which might tend to influence a person in promoting the interests of that entity. Any member of the Board of Trustees who knows of the possibility that he or she has a conflict of interest or that a member of his or her immediate family has a conflict of interest, as defined above, shall disclose that interest to the Board of Trustees and shall not participate without the approval of the Board in any meeting or negotiation or other action of GHA involving a contract or other transaction with the other entity.

**§6:13 *Vacancies***—Any vacancy on the Board caused by death, resignation or otherwise shall be filled by the Board until the succeeding annual election, at which time the members eligible to vote shall elect a Trustee to serve for the balance of the term so vacated. However, if the vacancy occurs less than five days before the closing of nominations by the Nominations Committee, the member appointed by the Board to fill the vacancy shall serve until the annual election following the election for which nominations by the Nominations Committee have been closed, or as the Board may determine, until a special election

may be held to fill the vacancy. Absence from 50 percent or more of all Board meetings for which written notice was mailed in accordance with Section 6:10 during any six consecutive months, unless excused by the Board, shall automatically create a vacancy.

§6:14 *GHA Annual Report*—Each year prior to the annual membership meeting GHA shall issue an annual report approved by the Board which shall contain a full account of the operations of GHA during the preceding year, including statements of its progress toward its objectives, and including financial statements which shall have been certified by independent auditors.

§6:15 *Officers*—The officers of GHA shall be the President, First Vice-President, Second Vice-President, and Secretary. Each shall be elected by and from the members of the Board for a term of one year or until a successor is duly elected and qualified.

§6:16 *Functions of Board Officers*—The President shall preside at Board meetings and shall perform all duties incident to the office as set forth in these bylaws. The First Vice-President shall perform the duties of the President in the event of the absence or inability to act of the President. The Second Vice-President shall perform the duties of the President in the event of the absence or inability to act of the President and the First Vice-President. The Secretary shall perform all duties incident to the office as directed by the President.

§6:17 *Standing Committees*—Annually, no later than two months after the election of new Trustees, the members of each of the committees designated in 6:19 through 6:22 hereof shall be appointed in accordance with that committee's governing bylaw. Each committee member will serve until a successor is appointed. Any va-

cancy on a committee that reduces its membership below its minimum required by its governing bylaw shall be promptly filled by appointment by the President.

§6:18 *Audit Committee*—The Audit Committee shall be composed of a chairman and at least four other members, all appointed by the President in consultation with the Board. No Trustee, officer or employee of GHA shall serve on this committee. The committee shall review the annual audits and financial reports of GHA and shall transmit a report on their adequacy and significance to the Board and shall make such other related reviews and reports as it may deem appropriate or as are requested by the Board.

§6:19 *Claims Appeals Committee*—The Claims Appeals Committee shall be composed of at least seven members appointed by the President in consultation with the Board. The chairman shall be chosen by the committee members. No Trustee, officer or employee of GHA shall serve on this committee. The size of this committee and the frequency of its meetings shall be sufficient to handle all claims promptly. A claim shall be heard by not less than three members of the committee. Any member or enrolled dependent may appeal to the Claims Appeals Committee any GHA administrative decision which affects his or her rights or benefits. The committee, after giving the claimant an opportunity to be heard, will present its findings and decision to the claimant and its decision shall ordinarily be final. However, the claimant, the committee, the Executive Director or the Medical Director, or any three members of the Board, may ask the Board to review the decision. In the event of such a request, the Board will undertake review of the decision if it decides in the exercise of its sole discretion that a principle of general application or a departure from established GHA practice is involved and that the decision affords an appro-

priate occasion for examining that principle or practice.

The Board of Trustees shall inform the Claims Appeals Committee of all current benefits and any changes in the benefits as soon as said changes become effective. The Board of Trustees shall communicate decisions on appeals to the Claims Appeals Committee.

No member or enrolled dependent may bring an action in court against GHA until the Claims Appeals Committee has rendered its decision and the Board has either rendered a decision or refused to review the claim.

**§6:20 Finance Committee**—The Finance Committee shall be composed of at least five members appointed by the President in consultation with the Board. The committee membership shall include both Board and non-Board members. The chairman shall be a Board member designated by the President. The committee shall consider and make recommendations on matters having financial implications concerning the operation and administration of GHA, including among other things the current and future operating and capital requirements and the expression thereof in annual budgets and long-range financial plans, the efficiency of GHA's services in relation to cost, and the appropriateness of its charges for services. The committee shall transmit its reports and recommendations to the Board.

**§6:21 Complaints Committee**—The Complaints Committee shall consist of at least five members including a chairman appointed by the President in consultation with the Board. It shall serve to keep the Board and GHA administration informed of areas of complaint that affect health services provided by GHA and GHA relationships with members and employees. In coordination with GHA administration, it may investigate problem areas and recommend corrective action. It shall have open meetings at which members and em-

ployees of GHA may participate in the committee's study of the problem areas on its agenda.

**§6:22 Other Committees**—The Board may appoint other committees it deems proper.

## **ARTICLE VII. ADMINISTRATIVE, MEDICAL AND DENTAL PERSONNEL**

**7:1 Executive Director**—The Executive Director shall be the chief executive officer responsible for managing GHA in accordance with policies established by the Board. The duties of the Executive Director shall include the preparation and submission to the Board of proposed policies, programs, budgets, and the execution of those approved by the Board, and keeping the Board informed on all aspects of GHA performance. The Executive Director shall supervise the Medical Director and Dental Director on administrative matters.

**§7:2 Medical Director**—The Medical Director shall be a physician and shall serve as chief of the GHA physicians and medical staff. The Medical Director shall be appointed by the Executive Director subject to the concurrence of the Board.

**§7:3 Dental Director**—The Dental Director shall be a dentist and shall manage, direct and supervise the provision of dental services by GHA dentists to members and their dependents. The Dental Director shall be appointed by the Medical Director with approval of the Executive Director. The Dental Director shall be supervised on medical matters by the Medical Director.

**§7:4 Appointment of Personnel**—The Executive Director or his or her designee shall appoint administrative personnel for the management of GHA. The Medical Director or his or her designee shall appoint GHA physicians and medical

staff with the approval of the Executive Director. The Dental Director or his or her designee shall appoint GHA dentists and dental staff with the approval of the Medical Director and the Executive Director.

**§7:5 Disclosure of Interests**—Annually, on or before July 1, the Executive Director, Medical Director, Dental Director and such other principal executive officers as shall be designated by the Board shall file a statement of interests with the Secretary of the Board. An interest shall mean (i) holding an office or position in, or (ii) being an agent, employee or advisor of, or (iii) possessing a substantial ownership interest in a firm, corporation, association or other entity other than GHA. "Interest" shall also include accepting a payment or gift or other benefit from a firm, corporation, association or other entity which might tend to influence a person in promoting the interests of that firm, corporation, association or other entity. Each executive officer's statement shall disclose the name of each firm, corporation, association or entity in which the executive or any member of his or her immediate family has an interest as defined above. These statements shall be held in confidence for use of the Board and the Executive Director.

#### **ARTICLE VIII. MEMBER ADVISORY COUNCIL AND HEALTH CENTER COUNCILS**

GHA shall have a Member Advisory Council and Health Center Councils which shall function under procedures approved by the Board. The Member Advisory Council and Health Center Councils shall serve as member organizations to broaden opportunities for member participation in GHA activities, to facilitate communication among members and by members with Trustees and staff, and to assist the Board in the performance of its functions by providing membership forums and as otherwise requested.

#### **ARTICLE IX. REFERENDUM**

The Board, by a vote of two-thirds of the Board members present at a meeting of the Board at which a quorum is present, or a majority of the entire Board (whichever is greater), or the members by petition signed by at least 3% of the members, may initiate a referendum on any question concerning the general policies or procedures of the Association, including amendment of these bylaws. Such referendum shall be held and completed not later than 90 days after receipt of written request therefor by the President. The decision of a majority of the eligible voters voting in such referendum shall be binding upon the Association.

#### **ARTICLE X. AMENDMENTS**

These bylaws may be amended only after a proposal for such amendment has been submitted to the membership by mail ballot in accordance with section 2:7 hereof, and has been approved by a majority vote of the eligible members voting. A motion for amendment shall be submitted after the affirmative vote of two-thirds of the Board members present at a regular or special meeting of the Board at which a quorum is present or a majority of the entire Board (whichever is greater), or upon receipt by the President of a petition signed by at least 3% of the members.

#### **ARTICLE XI. DISSOLUTION**

GHA may be directed to dissolve by a two-thirds vote of all members of GHA or by the order of a court of competent jurisdiction. In the event of dissolution, GHA shall have a first lien upon such liquidating dividends as may be declared due any members who are indebted to the Association to the extent of such indebtedness. Any proceeds from liquidation following dissolution shall be divided among persons holding valid

membership certificates, as their interest may appear, unless waived by the member, but no one shall receive more than the amount represented on the face of his or her certificate.

Upon the dissolution of the corporation, the Board of Trustees shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future U.S. Internal Revenue law), as the Board determines. Any such assets not so disposed of shall be disposed of by the appropriate court in the jurisdiction in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as that court shall determine, which are organized and operated exclusively for such purposes.

## **ARTICLE XII. EFFECTIVE DATE**

These bylaws shall be effective on January 11, 1980, or as soon thereafter as ratified by the membership, and shall replace all previous existing bylaws.

DEPARTMENT OF CONSUMER AND REGULATOR AFFAIRS  
CORPORATION DIVISION  
515 D STREET, N. W.  
WASHINGTON, D. C.



CERTIFICATE

THIS IS TO CERTIFY that there were received and accepted for record in the Office of Recorder of Deeds,  
On Behalf of  
D. C., Corporation Division, on the 17th day of August, 19 82 ~~XXXXXX~~  
GROUP HEALTH ASSOCIATION, INC. AND ELECTION TO ACCEPT THE PROVISIONS OF THE PRESENT  
~~XXXXXXXXXX~~  
NON-PROFIT CORPORATION ACT

WE FURTHER CERTIFY that the above named corporation is duly incorporated and existing under and  
by virtue of the Code of Laws of the District of Columbia and authorized to ~~conduct its affairs~~  
of Columbia as of the date hereinafter mentioned.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed  
this 22nd day of September, 19 83

Carol B. Thompson  
Director

*John M. Dady*  
Superintendent of Corporations



STATEMENT OF ELECTION TO ACCEPT  
OF  
GROUP HEALTH ASSOCIATION, INC.

TO: The Recorder of Deeds, D.C.  
Washington, D.C.

Pursuant to the provisions of the District of Columbia Non-profit Corporation Act, the undersigned corporation elects to avail itself thereto.

FIRST: The name of the corporation shall be GROUP HEALTH ASSOCIATION, INC. Its address, principal office and place of business shall be Washington, D.C., and it may establish other offices and places of business within and without the District of Columbia.

SECOND: A resolution recommending that the corporation accept the District of Columbia Non-profit Corporation Act, was adopted in the following manner:

The resolution was adopted at a meeting of the Board of Trustees held on July 19, 1982 and received the vote of a majority of the Directors in office, there being no members having voting rights in respect thereof.

THIRD: The purpose or purposes which the corporation will hereafter pursue are:

For the mutual improvement of its members, for the benefit of the community and the promotion of social welfare, and without profit to the corporation:

For the promotion of health in the community and for other charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code:

To arrange and provide, in behalf of its members and their dependents, for the services of physicians, dentists, nurses, technicians and other persons qualified to render medical, surgical, dental, optical, hospital and related treatment, to the extent permitted by the laws of the jurisdiction wherein the services are provided; to supply such members and dependents with hospitalization, drugs, remedies and medical, surgical, optical, dental and related supplies, appliances and equipment; and in general to provide for them all forms of care, treatment or attention that may be required for the preservation of good health and the prevention and cure of illness and disease.

In connection with the foregoing, to construct, or acquire by purchase or lease or otherwise, and to renovate and remodel, and to equip and operate one or more clinics, medical office buildings, hospitals, laboratories, drugstores or pharmacies, and opticians' establishments, or to acquire the right to use all or part of such facilities already existing.

The term of the corporation shall be perpetual.

To these ends the corporation shall have the following rights and powers:

To acquire by lease, purchase, gift, devise, contract or otherwise, and to hold, own, develop, improve, operate, lease, enjoy, control, manage, or otherwise turn to account, mortgage, grant, sell, exchange, convey, or otherwise dispose of, real and personal property, or any interest or interests therein, wherever situated and without limit as to value, which real and personal property, or the income therefrom, shall be devoted to the purposes for which the corporation is formed and to further its general welfare;

To make and carry out all contracts necessary or convenient for the business and purposes of this corporation and which may be permitted by law;

To borrow or raise money for any of the corporate purposes, without limit as to amount, and to secure such borrowings, whenever necessary or advisable, by the pledge, hypothecation, mortgage or otherwise, of any of the corporate property, real or personal.

The foregoing enumeration of specific powers shall not be deemed to limit or restrict in any manner the general powers of the corporation and the enjoyment and exercise thereof, as conferred by the laws of the District of Columbia upon corporations organized under the provisions of that law for the purposes stated, but this corporation shall have the power to do all and everything necessary, suitable, and proper for the accomplishment of any of the purposes, or the attainment of any of the objects, or the furtherance of any of the powers herein set forth, so far as the same may not be inconsistent with the laws under which this corporation is organized.

FOURTH: The corporation shall have no capital stock but shall be a membership corporation. The membership shall consist of such officers and employees of the United States Government and such other individuals and groups of individuals as meet the requirements prescribed in the bylaws of the corporation as they now exist and as they may hereafter be amended. Membership fees,

dues and assessments shall be as provided in such bylaws. Each member in good standing shall have one vote for the election of trustees of the corporation and with respect to other matters voted upon by the membership.

The private property of the members of the corporation shall not be subject to the payment of the corporate debts or obligations and no personal liability therefor is assumed.

FIFTH: The corporation is to consist of one class of members.

SIXTH: The affairs and property of the corporation shall be managed and controlled by a board of trustees. A majority of the trustees shall constitute a quorum for the transaction of business. The number of trustees, not less than three, the manner and time of their election or designation, and the filling of vacancies among the trustees shall be as provided in the bylaws of the corporation. The trustees shall have power to elect such officers to conduct the business and affairs of the corporation, subject to the control of the trustees, as the trustees shall determine and the bylaws provide.

SEVENTH: Whenever, for any reason, this corporation is dissolved, its affairs shall be liquidated by the Board of Trustees who are hereby vested with full power, within the limits provided by law, to sell any or all assets of the corporation, either separately or as a whole, and to convey full and complete title thereto; and shall have full power, as prescribed by law, to do and perform all acts necessary and proper to fully and completely liquidate the affairs of the corporation and to distribute the proceeds of such liquidation. Any proceeds from liquidation following dissolution shall be divided among members holding valid membership certificates, as their interest may appear, unless waived by the member, but no one shall receive more than the amount presented on the face of his or her certificate. Upon the dissolution of the corporation the Board of Trustees shall, after paying or making provision for the payment of all liabilities of the corporation, dispose of all the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future U.S. Internal Revenue law, as the Board determines.

EIGHTH: The address, including street and number, of its registered office in the District of Columbia is 2121

Pennsylvania Avenue N.W., Washington, D.C. 20036 and the name of its registered agent at such address is ~~Geraldine G. Stroud, Esq.~~ J.D., General Counsel. ~~U. S. District Court, D.C.~~

NINTH: The names and respective addresses, including street and number of its officers and trustees are:

NAME	OFFICE	ADDRESS
Mr. Mark Colburn	Trustee	6400 West Halbert Road Bethesda, Maryland
Mr. I. Jack Fasteau	Trustee	6216 Lakeview Drive Falls Church, Virginia
Mr. Harold R. Hunter	Trustee	3602 34th Street, N.W. Washington, D.C.
Mr. Samuel N. Robinson	Trustee	230 Rhode Island Ave., NE Washington, D.C.
Mr. Abraham A. Raizen	President	5513 No. 31st Street Arlington, Virginia
Ms. Ruth A. Ruttenberg	1st V.P.	728 Third Street, S.W. Washington, D.C.
Mr. Robert N. Greenberg	2nd V.P.	7012 Braeburn Place Bethesda, Maryland
Dorothy Gill, M.D.	Secretary	7511 Arlington Road Bethesda, Maryland
Ms. Patricia E. Miner	Asst. Secy.	533 Brummel Court, N.W. Washington, D.C.

Date August 16, 1982

GROUP HEALTH ASSOCIATION, INC.

By: Abraham A. Raizen  
Abraham A. Raizen  
President

ATTEST

By: Dorothy Gill M.D.  
Dorothy Gill, M.D.  
Secretary

## APPENDIX A

### CERTIFICATE OF GROUP HEALTH ASSOCIATION, INCORPORATED

We, the undersigned persons, of full age, citizens of the United States, a majority of whom are citizens of the District of Columbia, desiring to form a corporation in accordance with the provisions of and for the purposes outlined in Chapter 5, of Title 5, Corporations of the Code of the District of Columbia, do hereby certify as follows:

FIRST: The name by which this corporation shall be known is "GROUP HEALTH ASSOCIATION, INCORPORATED". Its address, principal office, and place of business shall be Washington, D. C.

SECOND: The term for which it is organized shall be perpetual.

THIRD: The objects and purposes for which this corporation is formed are as follows:

To provide, without profit to the corporation, for the service of physicians and other medical attention and any and all kinds of medical, surgical and hospital treatment to the members hereof and their dependents, and the construction and operation of a clinic and medical office building, and the construction and operation of a hospital in the manner permitted by law, for the members hereof and their dependents, and the operation of a drug store or pharmacy, and the providing of nurses and of drugs and remedies for the members hereof and their dependents, and the furnishing of all forms of hospital service and attention to the members hereof and their dependents, and in general the giving to the membership of this association and their dependents of all forms of care, treatment or attention that may be required by the sick or in the prevention of disease.

To these ends the said corporation shall have the right of acquiring, taking, receiving and holding all manner of land, tenements, leaseholds, or any other kind of real estate or any interest therein, and of owning, improving and disposing of the same; borrowing money and securing the same by mortgage upon its real estate and otherwise, and holding and owning any kind of property, goods and chattels acquired by it in any manner, and of employing and disposing of the same for the purposes for which the corporation is formed and to further its general welfare; and of entering into, making, performing, and carrying out contracts of every sort and kind which may be necessary or convenient for the business and purposes of this corporation and which may be permitted by law.

The foregoing enumeration of specific powers shall not be deemed to limit or restrict in any manner the general powers of the corporation and the enjoyment and exercise thereof as conferred by the laws of the District of Columbia upon corporations organized under the provisions of the law for the purposes stated, but this corporation shall have the power to do all and everything necessary, suitable, and proper for the accomplishment of any of the purposes, or the attainment of any of the objects, or the furtherance of any of the powers herein set forth, so far as the same may be permissible under

FIFTH: The private property of the members shall not be subject to the payment of the corporate debts or obligations and no personal liability therefor is assumed.

SIXTH: The affairs of the corporation shall be managed and controlled by a board of trustees consisting of eleven members and until the election of the full board, the names and post office addresses of three (3) of the members of the board of trustees are as follows:

SEVENTH: Whenever, for any reason or cause, this corporation is dissolved, its affairs shall be liquidated by the Board of Trustees who are hereby vested with full power, within the limit provided by law, to sell any or all assets of the corporation, either separately or en masse, and to convey full and complete title thereto; and shall have full power, as prescribed by law, to do and perform all acts necessary and proper to fully and completely liquidate the affairs and distribute the proceeds, if any, among members of this corporation then in good standing and whose dues and assessments, if any, have been fully paid.

In the presence of-                      J. M. Penniman        (Seal)  
   R. T. Berry          (Seal)  
                 Anthony A. De Poto     Pearl B. Murphy (Seal)  
                 A. Elaine York

I, Anthony W. De Poto, a Notary Public in and for the District of Columbia, do hereby certify that W. F. Penniman, R. F. Berry and Pearl E. Murphy, parties to the foregoing and annexed Certificate of Incorporation bearing date on the 19th day of February 1937, personally appeared before me, in said District of Columbia, the said W. F. Penniman, R. F. Berry and Pearl E. Murphy, being personally well known to me as the persons who executed the said Certificate of

Incorporation and acknowledged the same to be their act and deed.

Given under my hand and seal this 23 day of February 1937.

(Notarial Seal)

Anthony W. De Po's  
Notary Public, D. C.

My commission expires 15th day of January 1939.

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OFFICE OF THE RECORDER OF DEEDS

District of Columbia

THIS IS TO CERTIFY that the foregoing is a true and verified copy of the Certificate of Incorporation of the Group Health Association, Incorporated and of the whole of said Certificate of Incorporation, as filed in this Office the 24th day of February, A. D. 1937.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Office this 24th day of February, A. D. 1937.

Wm. J. Thompson  
Recorder of Deeds, D. C.

## APPENDIX B

### CERTIFICATE OF REINCORPORATION OF GROUP HEALTH ASSOCIATION, INC.

We the undersigned, president and secretary of Group Health Association, Inc., a District of Columbia corporation, organized February 24, 1937, as a non-profit, non-stock corporation under Secs. 121-128, Title 5, of the District of Columbia Code (1929) hereby file this Certificate of reincorporation of said corporation, as provided in Sec. 29-804, Chap. 5, Title 29 of the District of Columbia Code relating to corporations, and do hereby certify as follows:

First. The name of this corporation shall be GROUP HEALTH ASSOCIATION, INC. Its address, principal office and place of business shall be Washington, D.C., and it may establish other offices and places of business within and without the District of Columbia.

Second. The term for which it is organized shall be perpetual.

Third. The objects and purposes for which this corporation is reincorporated are as follows:

For the mutual improvement of its members, for the benefit of the community and the promotion of social welfare, and without profit to the corporation:

To arrange and provide, in behalf of its members and their dependents, for the services of physicians, dentists, nurses, technicians and other persons qualified to render medical, surgical, dental, optical, hospital and related treatment, to the extent permitted by the laws of the jurisdiction wherein the services are provided; to supply such members and dependents with hospitalization, drugs, remedies and medical, surgical, optical, dental and related supplies, appliances and equipment; and in general to provide for them all forms of care, treatment or attention that may be required for the preservation of good health and the prevention and cure of illness and disease.

In connection with the foregoing, to construct, or acquire by purchase or lease or otherwise, and to renovate and remodel, and to equip and operate one or more clinics, medical office buildings, hospitals, laboratories, drugstores or pharmacies, and opticians' establishments, or to acquire the right to use all or a part of such facilities already existing.

Fourth. To these ends the corporation shall have the following rights and powers:



To acquire by lease, purchase, gift, devise, contract or otherwise, and to hold, own, develop, improve, operate, lease, enjoy, control, manage, or otherwise turn to account, mortgage, grant, sell, exchange, convey, or otherwise dispose of, real and personal property, or any interest or interests therein, wherever situated and without limit as to value, which real and personal property, or the income therefrom, shall be devoted to the purposes for which the corporation is formed and to further its general welfare;

To make and carry out all contracts necessary or convenient for the business and purposes of this corporation and which may be permitted by law;

To borrow or raise money for any of the corporate purposes, without limit as to amount, and to secure such borrowings, whenever necessary or advisable, by the pledge, hypothecation, mortgage or otherwise, of any of the corporate property, real or personal.

The foregoing enumeration of specific powers shall not be deemed to limit or restrict in any manner the general powers of the corporation and the enjoyment and exercise thereof, as conferred by the laws of the District of Columbia upon corporations organized under the provisions of that law for the purposes stated, but this corporation shall have the power to do all and everything necessary, suitable, and proper for the accomplishment of any of the purposes, or the attainment of any of the objects, or the furtherance of any of the powers herein set forth, so far as the same may be permissible under the law and provided that the same may not be inconsistent with the laws under which this corporation is organized.

Fifth. The corporation shall have no capital stock but shall be a membership corporation. The membership shall consist of such officers and employees of the United States Government and such other individuals and groups of individuals as meet the requirements prescribed in the by-laws of the corporation as they now exist and as they may hereafter be amended. Membership fees, dues and assessments shall be as provided in such by-laws. Each member in good standing shall have one vote for the election of trustees of the corporation and with respect to other matters voted upon by the membership.

Sixth. The private property of the members of the corporation shall not be subject to the payment of the corporate debts or obligations and no personal liability therefor is assumed.

Seventh. The affairs and property of the corporation shall be managed and controlled by a board of trustees. A majority of the trustees shall constitute a quorum for the transaction of business. The number of trustees, not less than three, the manner and time of their election or designation, and the filling of vacancies among the trustees shall be as provided in the by-laws of the corporation. The trustees shall have power to elect such officers to conduct the business and affairs of the corporation, subject to the control of the trustees, as the trustees shall determine and the by-laws provide.

Eighth. Whenever, for any reason, this corporation is dissolved, its affairs shall be liquidated by the Board of Trustees who are hereby vested with full power, within the limits provided by law, to sell any or all assets of the corporation, either separately or as a whole, and to convey full and complete title thereto; and shall have full power, as prescribed by law, to do and perform all acts necessary and proper to fully and completely liquidate the affairs of the corporation and to distribute the proceeds of such liquidation. Any such proceeds shall be divided equally among those members who have paid membership fees but no member shall receive more than the amount of his membership fee. Any surplus remaining shall then be contributed to such non-profit organization as the Board of trustees shall select to be used for the improvement of medical care in this country.

Ninth. The written consent of more than two-thirds of the trustees of Group Health Association, Inc., to this reincorporation is attached hereto and filed herewith as required by Sec. 29-604, Chapt. 6, Title 29 of the District of Columbia Code.

4/1/46



# STATE CORPORATION COMMISSION

*Richmond*

July 1, 1988

This is to certify that

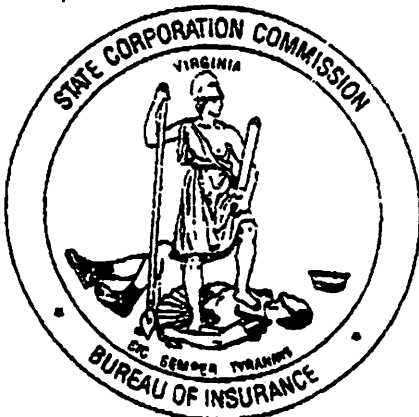
GROUP HEALTH ASSOCIATION INC  
4301 Connecticut Avenue, NW  
Washington DC 20008

is hereby licensed to transact the business of

A HEALTH MAINTENANCE ORG

insurance in the State of Virginia through the THIRTIETH day of June next  
succeeding the date hereof unless this license shall be sooner revoked or  
renewed.

880630920001



*State Corporation Commission*

*Bureau of Insurance*

By

A handwritten signature, likely of the Commissioner, written over a horizontal line.

*Commissioner*

FAIRFAX CIRCUIT COURT  
DEFRESS EX# 3  
DATE 3-19-91  
JUDGE WJP  
CASE NO. 97213

GROUP HEALTH ASSOCIATION, INC.

2121 PENNSYLVANIA AVE., N.W.

*Washington, D. C. 20037*

NOV 23 1982

EXECUTIVE OFFICES  
GENERAL COUNSEL

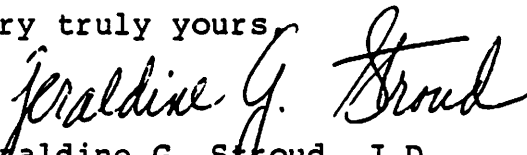
November 23, 1982

Office of Assessments  
Personal Property  
State Income and License Division  
4100 Chain Bridge Road  
Fairfax, Virginia 22030

Dear Sir:

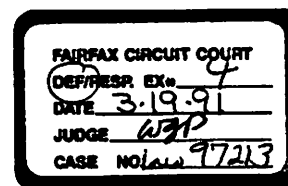
Attached is Group Health Association, Inc.'s application for exemption from personal property taxes.

Very truly yours



Geraldine G. Stroud, J.D.  
General Counsel

Attachment



COUNTY OF FAIRFAX  
OFFICE OF ASSESSMENTS  
Personal Property, State Income and License Division  
4100 Chain Bridge Road  
Fairfax, Virginia 22030

Control Number \_\_\_\_\_

Date Received \_\_\_\_\_

APPLICATION FOR EXEMPTION FROM  
PERSONAL PROPERTY  
LICENSES

Instructions to applicant

The information requested on this application is to be filled out in its entirety and returned to the Office of Assessments, Personal Property, State Income and License Division, 4100 Chain Bridge Road, Fairfax, Virginia 22030. For your own records a second application is enclosed. Questions that can't be answered within the spaces provided can be answered by attaching additional sheets to this application. Written notification of approval or denial of this application will be mailed to the applicant. If you have any questions, please phone 691-2517.

October 20, 1982

Date

Applicant Name Group Health Association, Inc.

Mailing Address 2121 Pennsylvania Avenue, N.W.

Street No. Street

Washington, D.C. 20037

City, Town or Post Office State Zip Code

Applicant's Fairfax County Location

7601 Little River Turnpike

Street No. Street

Annandale, Virginia 22003

City, Town or Post Office State Zip Code

1. State paragraph of Article X, Section 6 of The Constitution of Virginia or Code of Virginia, Title 58, Section 12 under which you claim exemption.

Constitution of Virginia, Article X, Section 6 (6)

Code of Virginia, Title 58, Section 12

2. Applicant's purpose of organization? GHA is a nonprofit, charitable, service organization which provides comprehensive medical and dental services to its members on a prepaid basis.

3. Applicant's Fairfax County activity? GHA provides comprehensive medical and dental services to its members on a prepaid basis at its facility located at 7601 Little River Turnpike, Annandale, VA 22003.

4. Applicant's Fairfax County beginning date? \_\_\_\_\_

5. Is applicant engaged in a business activity? yes x no

A. Describe activity GHA provides comprehensive medical and dental services to its members on a prepaid basis at its facility located at 7601 Little River Turnpike, Annandale, VA 22003.

B. For what purpose are gross receipts used: Gross receipts are used for the purpose of providing comprehensive medical and dental services to GHA subscribers.

6. Does applicant own vehicles and tangible personal property?

X yes no

Instruction: Attach list showing item, cost, date purchased or attach a depreciation schedule.

Comments (indicate to which question your comments apply)

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Please enclose copy of articles of organization, bylaws and any other documentations applicable to non-profit status.

Any changes in the organization purposes, charters, or method of operation must be reported to the Personal Property, State Income, and License Division of The Office of Assessments.

AFFIDAVIT

I certify that to the best of my knowledge and belief that the foregoing statements are complete and correct.

Given under my hand the 15th day of November, 1982.

Signature Ruth Lottenberg

Title 1st President, Board of Trustees

Telephone 872-7337

Under section 501(c) (except black lung benefit trust or private foundation)  
of the Internal Revenue Code or section 4947(a)(1) trust

(See separate instructions.)

1989

Department of the Treasury  
Internal Revenue Service

Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction E.

For the calendar year (1989) or fiscal year beginning January 1st, 1989, and ending December 31, 1989.

Use IRS label. Otherwise, please print or type.	Name of organization <u>Group Health Association, Inc.</u>	A Employer identification number (see instruction S) <u>53-0078064</u>
	Address (number and street) or P.O. box number <u>4301 Connecticut Ave. N.W.</u>	B State registration number (see instruction E)
	City or town, state, and ZIP code <u>Washington D.C. 20008</u>	C If application for exemption is pending, check here <input type="checkbox"/>

D Check type of organization—Exempt under section ☒ 501(c) (3) (insert number),  
OR ☐ section 4947(a)(1) trust (see instruction C7 and question 92.)E Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶F Is this a group return (see instruction Q) filed for affiliates? ☐ Yes ☒ NoG If either answer in F is "Yes," enter four-digit group exemption number (GEN) ▶ N/A

If "Yes," enter the number of affiliates for which this return is filed

Is this a separate return filed by a group affiliate? ☐ Yes ☒ NoH Check here ☐ if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data (see instruction A). Some states require a completed return.

Note: Form 990EZ is available for organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

## Part I Statement of Revenue, Expenses and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	<u>0</u>	
	b Indirect public support	1b	<u>0</u>	
	c Government grants	1c	<u>0</u>	
	d Total (add lines 1a through 1c) (attach schedule—see instructions)	1d	<u>0</u>	
	2 Program service revenue (from Part VII, line 93)	2	<u>16,090,757</u>	
	3 Membership dues and assessments	3	<u>145,032,457</u>	
	4 Interest on savings and temporary cash investments	4	<u>2,788,364</u>	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a	<u>311,729</u>	
b Less: rental expenses	6b	<u>311,729</u>		
c Net rental income (loss)	6c	<u>0</u>		
7 Other investment income (describe ▶)	7			
Revenue	8a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a		
	c Gain (loss) (attach schedule)	8b		
		8c		
Revenue	9 Special fundraising events and activities (attach schedule—see instructions):			
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a	<u>0</u>	
	b Less: direct expenses	9b	<u>0</u>	
	c Net income (line 9a less line 9b)	9c	<u>0</u>	
	10a Gross sales less returns and allowances (Pharmacy + Dental)	10a	<u>3,643,601</u>	
	b Less: cost of goods sold See Schedule C	10b	<u>2,682,032</u>	
	c Gross profit (loss) (attach schedule)	10c	<u>961,569</u>	
	11 Other revenue (from Part VII, line 103)	11	<u>180,159</u>	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	<u>\$166,674,306</u>	
	Expenses	13 Program services (from line 44, column (B)) (see instructions)	13	<u>\$152,188,106</u>
14 Management and general (from line 44, column (C)) (see instructions)		14	<u>27,777,382</u>	
15 Fundraising (from line 44, column (D)) (see instructions)		15	<u>179,965,488</u>	
16 Payments to affiliates (attach schedule—see instructions)		16	<u>0</u>	
17 Total expenses (add lines 16 and 44, column (A))		17	<u>\$179,965,488</u>	
Net Assets	18 Excess (deficit) for the year (subtract line 17 from line 12)	18	<u>\$13,291,182</u>	
	19 Net assets or fund balances at beginning of year (from line 74, column (A))	19	<u>22,602,804</u>	
	20 Other changes in net assets or fund balances (attach explanation)	20	<u>0</u>	
	21 Net assets or fund balances at end of year (add lines 18, 19, and 20)	21	<u>\$9,311,622</u>	

For Paperwork Reduction Act Notice, see page 1 of the instructions.

509

FAIRFAX CIRCUIT COURT

DEPT. OF TAX

DATE 3-19-91

JUDGE 104P

CASE NO. 97213

Form 990 (1989)



Group Health Association Inc.  
Schedule of Cost of Goods Sold  
Fiscal Year Ended December 31, 1968

Schedule #1

Description	Amount
Cost of Goods Sold - Pharmacy	\$612.920
Cost of Goods Sold - Opticals	2,069,112
Total Cost of Goods Sold	----- \$2,682.032 =====

**Part IV** Balance Sheets

Note: Where required, attached schedules and amounts in the description column should be for end-of-year amounts only.		(A) Beginning of year	(B) End of year
<b>Assets</b>			
45	Cash—noninterest-bearing	—	45. —
46	Savings and temporary cash investments	\$34,622,162	46 1,612,814
47a	Accounts receivable	47a \$14,246,502	
b	Less: allowance for doubtful accounts	47b \$611,080	47c 13,605,416
48a	Pledges receivable	48a 0	
b	Less: allowance for doubtful accounts	48b 0	48c 0
49	Grants receivable	0	49 0
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)	0	50 0
51a	Other notes and loans receivable (attach schedule)	51a 0	
b	Less: allowance for doubtful accounts	51b 0	51c 0
52	Inventories for sale or use	781,423	52 1,050,020
53	Prepaid expenses and deferred charges	416,236	53 2,111,403
54	Investments—securities (attach schedule)	0	54 0
55a	Investments—land, buildings, and equipment: basis	55a 0	
b	Less: accumulated depreciation (attach schedule)	55b 0	55c 0
56	Investments—other (attach schedule) <u>Schedule (2)</u>		56 19,852,808
57a	Land, buildings, and equipment: basis <u>(cost)</u>	57a \$57,059,680	
b	Less: accumulated depreciation (attach schedule) <u>Schedule (3)</u>	57b 24,332,718	57c 32,726,962
58	Other assets (describe <u>See attached Schedule (A)</u> )	2,191,394	58 3,715,782
59	Total assets (add lines 45 through 58)	\$80,127,913	59 \$74,675,205
<b>Liabilities</b>			
60	Accounts payable and accrued expenses	\$26,536,938	60 31,544,234
61	Grants payable	0	61 0
62	Support and revenue designated for future periods <u>(attach schedule)</u>	4,822,273	62 458,424
63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63 0
64	Mortgages and other notes payable (attach schedule) <u>Schedule (6)</u>	3,080,088	64 12,499,433
65	Other liabilities (describe <u>Schedule (7)</u> )	23,085,810	65 20,861,192
66	Total liabilities (add lines 60 through 65)	\$57,525,109	66 \$65,363,583
<b>Fund Balances or Net Assets</b>			
Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.			
67a	Current unrestricted fund <u>General Fund</u>	\$22,434,373	67a 9,085,652
b	Current restricted fund		67b
68	Land, buildings, and equipment fund		68
69	Endowment fund		69
70	Other funds (describe <u>Board Designated Fund</u> )	168,431	70 225,970
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.			
71	Capital stock or trust principal		71
72	Paid-in or capital surplus		72
73	Retained earnings or accumulated income		73
74	Total fund balances or net assets (see instructions)	\$22,602,804	74 9,311,622
75	Total liabilities and fund balances/net assets (see instructions)	\$80,127,913	75 \$74,675,205

**Part V** List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Attached schedule.	Trustees of			
	members			
	Coop. are			
	not compensated			

**Part VI** Other Information

	Yes	No
76 Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.	76	X
77 Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a Did your organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?	78b	N/A
c At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.	78c	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.	79	X
80a Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)	80a	X
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter amount of political expenditures, direct or indirect, as described in the instructions. [81a]		
b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?	81b	X
82a Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III. [82b]		
83a Did anyone request to see either your annual return or exemption application (or both)?	83a	X
b If "Yes," did you comply as described in the instructions? (See General Instruction L.)	83b	N/A
84a Did you solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction N.)	84b	N/A
85a Section 501(c)(5) or (6) organizations.—Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).)	85a	N/A
b If "Yes," enter the total amount spent for this purpose. [85b]		
86 Section 501(c)(7) organizations.—Enter:		
a Initiation fees and capital contributions included on line 12. [86a]		
b Gross receipts, included on line 12, for public use of club facilities (See instructions.) [86b]		
c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)	86c	N/A
87 Section 501(c)(12) organizations.—Enter amount of:		
a Gross income received from members or shareholders [87a]		
b Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) [87b]		
88 Public interest law firms.—Attach information described in the instructions.		
89 List the states with which a copy of this return is filed ▶ Philadelphia, Pa.		
90 During this tax year did you maintain any part of your accounting/tax records on a computerized system?	90	X
91 The books are in care of ▶ Mr. Theodore J. Weinberg Telephone no. ▶ (202) 364-2040 Located at ▶ 4301 Connecticut Ave. NW, Washington, D.C. 20008		
92 Section 4947(a)(1) trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return.— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92		

**93 Program service revenue:**

## Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes).

See enclosed attachment #1

**Part IX** Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c)[illegible]

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Date	Title
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	ZIP code	

Group health Association Inc.  
Schedule of Name & Address of the Board Members  
FYE December 31, 1989

Name and Address	Title
1) Dianne Felton 12905 Gaffney Road Silverspring, Md. 20904	President
2) Perry Cohen, Ph.D. 3914 Harrison Street, N.W. Washington, D.C. 20015	1st vice president
3) Marvin Schneiderman 6503 East Halbert Road Bethesda, Md. 20817	2nd vice president
4) Virginia Brockington 2215 Hunter Mill Road Vienna, Va. 22180	Secretary
5) Kris Baum 3004 Westcott Street Falls Church, Va. 22042	Director
6) Ann Champ-Wilson 151 Elmira Street S.W. Washington, D.C. 20032	Director
7) Sarah Gotbaum, Ph.D 6815 Connecticut Avenue N.W Chevy Chase, Md. 20815	Director
8) Sherron Hiemstra-Anstrom 3416 Sharon Chaptel Road Alexandria, Va. 22310	Director
9) David Krawitz 8119 Cliffforest Drive Springfield, Va. 22153	Director

Group Health Association Inc.  
Schedule of Fixed Assets and Accumulated Depreciation  
Fiscal Year Ended December 31, 1989

Schedule # 3

Description	cost (1)	Accumulated Depreciation (2)	Book Value (1)-(2) = (3)
Land & Improvements	\$5,734,553	(\$352,919)	\$5,381,634
Buildings	4,681,317	(1,923,716)	2,757,601
Building Improvements	5,468,410	(1,722,585)	3,745,825
Leasehold improvements	14,731,027	(4,568,307)	10,162,720
Furniture, Fixtures & Instr.	26,444,373	(15,765,191)	10,679,182
	-----	-----	-----
	\$57,059,680	(\$24,332,718)	\$32,726,962
	=====	=====	=====

Group Health Association Inc.  
Schedule of Other Assets  
Fiscal Year Ended December 31, 1989

Schedule # 4

Description	Cost
Advances - M.D	\$4,295
Advances - Non union	3,103
Advances - O P E I U	614
Marketable Securities & C.D's	200,000
Deposits	1,535,162
Security activity fund	4,917
Option rights-Primary Prev. Program:	
Silver Spring	706,818
Sky line	505,750
Accu. Amortization- Primary Prev program:	
Silver Spring	(35,882)
Sky Line	(54,769)
E D P Development Cost	501,444
Accu. Ammortization-EDP dev. Cost	(392,489)
Software Development cost	188,152
Accu. Ammortization - Software Dev. cost	(96,512)
Computer Soft ware	821,033
Acc. Depreciation.- Computer Software	(175,854)
	-----
	\$3,715,782
	=====

Group Health Association Inc.  
Schedule of Deferred Income  
Fiscal Year Ended December 31, 1989

Schedule # 5

Description	Amount
Prepaid members accounts	\$453,955
Randmark Dental Note Interest	4,469
	-----
Total Deferred Income	\$458,424
	=====



Group Health Association, Inc.  
Schedule of Mortgage & Other Notes Payable  
Fiscal Year Ended December 31, 1989

Schedule # 0

Description	Current Portion	Non Current Portion	Total
Mortgage- Marlow Heights	\$44,024	\$2,170,295	\$2,214,319
Mortgage- Rockville	50,531	606,794	657,325
NCB- Line of Credit	1,800,000	6,766,667	8,566,667
Obligation under Capital lease	368,290	0	368,290
Mortgage & Capital Obligations	0	692,832	692,832
	-----	-----	-----
	\$2,262,845	\$10,236,588	\$12,499,433
	=====	=====	=====

Group Health Association Inc.  
Schedule of Other liabilities  
Fiscal Year Ended December 31, 1989

Schedule # 7

Description	Amount
Self Insurance - Current	\$949,001
Professional, liability Trust	4,314,000
Professional Liability Trust- Self Ins.	402,035
Retirement- Net of Current	11,659,043
Liability for investment in Group Annuity	3,537,413
	-----
	\$20,861,492
	=====

**Fiscal Year Ended December 31, 1989**  
=====

**ATTACHMENT # 1**

Line # =====	Description =====
93(a)	This revenue represents the payments received from the Low-Option plan members . These plans don't pay for the physcian's Fee-For-Service cost.
93(b)	This represents reimbursement received from the Health - Care Financing Administration for those members who are covered under the Medicare program- Title XVIII.
93(c)	This revenue represents the payments received from members for dental services which is not covered under their Low-Option plans.
94	This is the membership dues received from the members to enable them to receive the health care services from this HMO.
99	This investment income is received from the investment of the restricted funds & assets with limited use.
103(a)	This represents the discounts received for the purchases of medical supplies.
103(b)	This is a recovery of bad debts which has been writ-ten-off in previous years but recoverd during the current year.
103(c)	This represents reimbursement received from the Workmen's Compensation Fund.
103(d)	Income received from the sale of scrap etc.

Group Health Association Inc.  
Schedule of "Investments - Others"  
Fiscal Year Ended December 31, 1989

Schedule 4

Description	Amount
Current portion of assets limited as to use	\$2,934,971
Non Current portion of assets limited as to use	13,380,424
Investments in group annuity	3,537,413
Total Investments - Others	<u>\$19,852,808</u> <u>=====</u>

## QUARTERLY STATEMENT

FOR THE PERIOD ENDING September 30, 1990  
 (Month) (Day)  
 OF THE CONDITION AND AFFAIRS OF

FANFAX CIRCUIT COURT  
 DEPT. 2200 EX. 6  
 DATE 3-19-91  
 JUDGE 1030  
 CASE NO. 9721

Group Health Association, Inc.  
 (Name)

A Health Maintenance Organization organized under the laws of the State of District of Columbia  
 made to the State Corporation Commission and Commonwealth of Virginia Pursuant to the laws thereof.  
 (Appropriate Agency)

Date Incorporated or Organized: February 24, 1937 Date Certified As An HMO: July 21, 1977

Date Federally Qualified As An HMO: July 21, 1977 Commenced Business: February 24, 1937

Mailing Address: 4301 Connecticut Ave. N.W. Washington D.C. 20008

Address of Main Administrative Office: Same as above

Telephone Number: (202) 364-7523 Employer's ID Number: 53-0078064

Name of Administrator: Robert F. P. Fotenbauer

Contact Person and Phone Number: Ram Rao (202) 364-7523

## OFFICERS\*

Chair President: Dianne Felton

Vice President: 1st VP Sherron Hiemstra 2nd VP: Marvin Schneiderman

Secretary: Carol Macintyre

Treasurer: -

## DIRECTORS\*

Dianne Felton Ann Champ-Wilson

Perry Cohen Sarah C. Gotbaum

Marvin Schneiderman #Carol Macintyre  
#Daniel Sullivan

Virginia Brackington Sherron Hiemstra

Kris Baum #Ruth Rutenberg

District  
 STATE OF Columbia

COUNTY OF .....

Dianne Felton Chair President, Carol Macintyre Secretary

..... Treasurer (or Corresponding person having charge of the financial records of

the HMO) of the Group Health Association, Inc., being duly sworn, each for himself deposes and say:  
 that they are the above described officers of the said Health Maintenance Organization, and that on the reporting period stated above  
 all of the herein assets were the absolute property of the said HMO, free and clear from any liens or claims thereon, except as herei  
 stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is  
 full and true statement of all the assets and liabilities and of the condition and affairs of the said HMO as of the reporting period state  
 above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and be  
 lief, respectively.

Subscribed And Sworn To Before Me This 15th Day

of Yaverlee 1990

Elective S. Hilder

NOTARY PUBLIC

(Seal) Commission Expires May 31, 1991

x Assume L. Lelton President

x Carol Macintyre Secretary

..... Treasurer

(Corporate Seal)

\* Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

## Report #1-Part A: BALANCE SHEET ASSETS

## ASSETS

(See Schedule E for Analysis of Assets)

CURRENT ASSETS:	1 Current Period	2 Previous Year
1. Cash	3,108,260	1,612,814
2. Short-Term Investments	-	-
3. Premiums Receivable	11,959,637	10,020,680
4. Interest Receivable	0	0
5. Other Receivables—Net	2,511,443	3,584,736
6. Prepaid Expenses	3,857,071	2,111,404
7. Aggregate Write-ins for Current Assets	4,448,922	3,984,990
8. TOTAL CURRENT ASSETS (Items 1 to 7)	25,885,339	21,314,624
OTHER ASSETS:		
9. Restricted Assets	12,054,352	13,380,424
10. Restricted Funds	0	0
11. Loan Escrow	0	0
12. Long-Term Investments	3,082,326	3,537,413
13. Intangible Assets and Goodwill—Net (Schedule E)	0	0
14. Leasehold Improvements—Net (Schedule E)	0,939,443	10,162,720
15. Aggregate Write-ins for Other Assets	1,715,930	3,715,783
16. TOTAL OTHER ASSETS (Items 9 to 15)	25,792,051	30,796,340
PROPERTY AND EQUIPMENT—NET:		
17. Land	5,359,692	5,381,634
18. Building and Improvements	6,204,585	6,503,426
19. Construction in Progress	0	0
20. Furniture and Equipment	9,228,368	10,679,181
21. Aggregate Write-ins for Other Equipment	0	0
22. TOTAL PROPERTY AND EQUIPMENT—NET (Items 17 to 21)	20,792,645	22,564,241
23. TOTAL ASSETS (Items 8, 16 and 22)	72,470,035	74,675,205

## DETAILS OF WRITE-INS AGGREGATED AT ITEM 7 FOR CURRENT ASSETS

0701	Enclosed Schedule 10		
0702			
0703			
0704			
0705			
0798	Summary of remaining write-ins for Item 7 from overflow page		
0799	TOTALS (Items 0701 thru 0705 plus 0798) (Page 2, Item 7)	4,448,922	3,984,990

## DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER ASSETS

1501	Enclosed Schedule (2)		
1502			
1503			
1504			
1505			
1598	Summary of remaining write-ins for Item 15 from overflow page		
1599	TOTALS (Items 1501 thru 1505 plus 1598) (Page 2, Item 15)	1,715,930	3,715,783

## DETAILS OF WRITE-INS AGGREGATED AT ITEM 21 FOR OTHER EQUIPMENT

2101			
2102			
2103			
2104			
2105			
2198	Summary of remaining write-ins for Item 21 from overflow page		
2199	TOTALS (Items 2101 thru 2105 plus 2198) (Page 2, Item 21)	-	-

**Report #1-Part B: BALANCE SHEET LIABILITIES AND NET WORTH**

	Current Period			Previous Year
	1 Covered*	2 Uncovered	3 Total	4 Total
<b>CURRENT LIABILITIES:</b>				
1. Accounts Payable.....	0	7,378,795	7,378,795	9,780,712
2. Claims Payable (Reported).....	0	0	0	0
3. Accrued Inpatient Claims (Not Reported).....	364,572	4,0508	4,05,080	7,161,451
4. Accrued Physician Claims (Not Reported).....	5,065,900	5,628,778	5,628,778	6,942,698
5. Accrued Referral Claims (Not Reported).....	0	0	0	0
6. Accrued Other Medical.....	11,236,667	1,248,519	12,485,186	1,974,891
7. Accrued Medical Incentive Pool.....	0	0	0	0
8. Unearned Premiums.....	0	710,999	710,999	458,424
9. Loans and Notes Payable-current.....	2,288,511	0	2,288,511	2,262,845
10. Aggregate Write-ins for Current Liabilities.....	0	3,951,533	3,951,533	6,633,482
11. TOTAL CURRENT LIABILITIES (Items 1 to 10).....	18,955,650	13,893,232	32,848,882	35,214,503
<b>OTHER LIABILITIES:</b>				
12. Loans and Notes.....	8,545,575	0	8,545,575	10,236,589
13. Statutory Liability.....	0	5,227,505	5,227,505	4,716,035
14. Aggregate Write-ins for Other Liabilities.....	0	14,741,369	14,741,369	15,196,456
15. TOTAL OTHER LIABILITIES (Items 12 to 14).....	8,545,575	19,968,874	28,514,449	30,149,080
16. TOTAL LIABILITIES (Items 11 and 15).....	27,501,225	33,862,106	61,363,331	65,363,583
<b>NET WORTH:</b>				
17. Donated Capital.....	XXX	XXX	0	0
18. Capital.....	XXX	XXX	0	0
19. Paid in Surplus.....	XXX	XXX	0	0
20. Unassigned Surplus.....	XXX	XXX	11,004,268	9,085,652
21. Aggregate Write-ins for Other Net Worth Items.....	XXX	XXX	102,436	225,970
22. TOTAL NET WORTH (Items 17 to 21).....			11,106,704	9,311,622
23. TOTAL LIABILITIES AND NET WORTH (Items 16 and 22).....	27,501,225	33,862,106	72,470,035	74,675,205

**DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT LIABILITIES**

1001 Enclosed - Schedule (3)			
1002			
1003			
1004			
1005			
1098 Summary of remaining write-ins for Item 10 from overflow page.....			
1099 TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, Item 10)		3,951,533	6,633,482

**DETAILS OF WRITE-INS AGGREGATED AT ITEM 14 FOR OTHER LIABILITIES**

1401 Enclosed - Schedule (4)			
1402			
1403			
1404			
1405			
1498 Summary of remaining write-ins for Item 14 from overflow page.....			
1499 TOTALS (Items 1401 thru 1405 plus 1498) (Page 3, Item 14)		14,741,369	15,196,456

**DETAILS OF WRITE-INS AGGREGATED AT ITEM 21 FOR OTHER NET WORTH ITEMS**

2101 Board Designated Fund.....		102,436	102,436
2102			
2103			
2104			
2105			
2198 Summary of remaining write-ins for Item 21 from overflow page.....			
2199 TOTALS (Items 2101 thru 2105 plus 2198) (Page 3, Item 21)		102,436	225,970

\*Describe in the Notes To Financial Statements the manner in which each liability is covered.

Report #2: STATEMENT OF REVENUE, EXPENSES AND NET WORTH

	1 Current Period	2 Year-To-Date	3 Previous Year
MEMBER MONTHS.....	465,012	1,395,216	1,799,844
REVENUES:			
1. Premium.....	45,221,376	132,623,753	\$137,509,271
2. Fee-For-Service.....	1,491,828	4,166,751	5,255,587
3. Copayments <u>Drug rider</u> .....	1,265,837	3,706,903	3,601,951
4. Title XVIII—Medicare.....	4,061,479	8,868,131	10,802,443
5. Title XIX—Medicaid.....	0	0	0
6. Interest.....	354,885	1,193,119	2,854,975
7. C.O.B. and Subrogation.....	133,149	636,550	1,579,978
8. Reinsurance Recoveries.....	0	0	0
9. Aggregate Write-ins for Other Revenues.....	1,887,707	5,841,401	5,381,831
10. TOTAL REVENUE (Items 1 to 9).....	54,416,261	157,036,608	\$166,986,036
EXPENSES:			
Medical and Hospital:			
11. Physician Services.....	10,019,902	30,146,447	35,816,038
12. Other Professional Services.....	9,232,357	27,219,103	31,014,734
13. Outside Referrals.....	169,382	385,182	617,656
14. Emergency Room, Out-of-Area, Other.....	907,635	1,471,192	3,841,413
15. Occupancy, Depreciation and Amortization.....	494,061	1,496,856	1,448,068
16. Inpatient.....	12,907,224	34,639,729	42,806,306
17. Reinsurance Expenses.....	162,642	445,055	624,045
18. Other Medical.....	11,060,441	31,252,286	35,995,608
19. Incentive Pool Adjustment.....	0	0	0
20. TOTAL MEDICAL AND HOSPITAL (Items 11 to 19).....	44,953,644	127,055,850	152,163,868
Administration:			
21. Compensation.....	3,312,670	9,810,578	11,356,044
22. Interest Expense.....	221,695	706,351	747,747
23. Occupancy, Depreciation, and Amortization.....	3,828,476	11,262,645	9,975,418
24. Marketing.....	403,884	994,591	1,079,462
25. Aggregate Write-ins for Other Administration Expenses.....	1,187,495	3,565,056	4,954,679
26. TOTAL ADMINISTRATION (Items 21 to 25).....	8,954,220	26,339,121	28,113,350
27. TOTAL EXPENSES (Items 20 and 26).....	53,907,864	153,394,971	180,277,218
28. INCOME (LOSS).....	508,397	\$3,641,637	(\$13,291,182)
29. Extraordinary Item.....	0	0	0
30. Provision for Taxes.....	0	0	0
31. NET INCOME (LOSS).....	\$508,397	\$3,641,637	(\$13,291,182)

DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR OTHER REVENUES

0901 <u>Enclosed Schedule (S)</u> .....			
0902.....			
0903.....			
0904.....			
0905.....			
0998 Summary of remaining write-ins for Item 9 from overflow page.....			
0999 TOTALS (Items 0901 thru 0905 plus 0998) (Page 4, Item 9).....	1,887,707	5,841,401	5,381,831

DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER ADMINISTRATIVE EXPENSES

2501 <u>Enclosed Schedule (6)</u> .....			
2502.....			
2503.....			
2504.....			
2505.....			
2598 Summary of remaining write-ins for Item 25 from overflow page.....			
2599 TOTALS (Items 2501 thru 2505 plus 2598) (Page 4, Item 25).....	1,187,495	3,565,056	4,954,679



Report #2: STATEMENT OF REVENUE, EXPENSES AND NET WORTH (Continued)

WORTH:	1 Current Period	2 Year-to-Date	3 Previous Year
2. Net Worth Beginning of Period	10,544,478	9,311,622	22,602,823
3. Increase (Decrease) in Donated Capital			
4. Increase (Decrease) in Capital			
5. Increase (Decrease) in Paid in Surplus			
6. Increase (Decrease) in Unassigned Surplus:			
(a) Net Income (Loss)	\$508,397	\$3,641,636	\$13,291,182
(b) Dividends to Stockholders			
(c) Interest on Subordinated Debt			
(d) Aggregate Write-ins for changes in Unassigned Surplus	66,100	<1,723,024>	-
37. Aggregate Write-ins for Increase (Decrease) of Other Net Worth Items	<\$12,271>	<\$123,530>	-
38. NET WORTH END OF PERIOD (Items 32 to 37d)	\$11,106,704	\$11,106,704	9,311,622

TAILS OF WRITE-INS AGGREGATED AT ITEM 36D FOR CHANGES IN UNASSIGNED SURPLUS

301 Non Admitted Assets	\$66,100	<1,723,024>	
302			
303			
304			
305			
398 Summary of remaining write-ins for Item 36D from overflow page	\$66,100	<1,723,024>	-
399 TOTALS (Items 36D01 thru 36D05 plus 36D98) (Page 5, Item 36D)			

TAILS OF WRITE-INS AGGREGATED AT ITEM 37 FOR INCREASE (DECREASE) OF OTHER NET WORTH ITEMS

31 Board Designated Fund	<\$12,274>	<\$123,540>	
32 Difference due to rounding off	\$3	\$10	
33			
34			
35			
398 Summary of remaining write-ins for Item 37 from overflow page	<\$12,271>	<\$123,530>	-
399 TOTALS (Items 3701 thru 3705 plus 3798) (Page 5, Item 37)			

Report #3: STATEMENT OF CHANGES IN FINANCIAL POSITION

SOURCES:	1 Current Period	2 Year-To-Date	3 Previous Year
1. Net Income (Loss) Report #2.....	\$508,397	\$3,641,637	\$13,291,182
Add items not affecting working capital in the current period:			
2. Depreciation and Amortization.....	1,080,861	3,463,691	3,266,859
3. Deferred Taxes.....			
4. Aggregate Write-ins for Items not affecting Working Capital.....	1,507,489	4,141,141	654,482
Other Additions to Working Capital:			
5. Proceeds from Borrowing.....	-	-	7,364,970
6. Aggregate Write-ins for Other Additions to Working Capital.....	121,473	455,087	11,454
7. TOTAL SOURCES OF FUNDS (Items 1 to 6).....	\$3,218,220	\$11,701,556	\$19,934,117
APPLICATIONS:			
8. Additions to Property and Equipment—Net.....	\$179,080	\$773,561	\$14,746,035
9. Reductions in Long-Term Debt.....	1,682,794	1,691,014	0
10. Aggregate Write-ins for Other Applications.....	199,173	2,301,645	8,575,672
11. TOTAL APPLICATION OF FUNDS (Items 8 to 10).....	\$2,061,047	\$4,765,220	\$23,321,707
12. INCREASE (DECREASE) IN WORKING CAPITAL.....	\$1,157,173	\$6,936,336	\$25,315,124

DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR ITEMS NOT AFFECTING WORKING CAPITAL

0401 Decrease in Restricted Assets.....	\$1,336,489	\$1,326,072	-
0402 Decrease in Prof. Liab. ins.....	171,000	\$511,470	\$522,651
0403 Decrease in Leasehold improvements.....	0	303,746	-
0404 Decrease in other Assets.....	0	1,999,853	131,831
0405 .....			
0498 Summary of remaining write-ins for Item 4 from overflow page.....			
0499 TOTALS (Items 0401 thru 0405 plus 0498) (Page 6, Item 4).....	\$1,507,489	\$4,141,141	\$654,482

DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER ADDITIONS TO WORKING CAPITAL

0601 Reduction in Group Annuity Investment.....	\$55,373	\$455,087	\$11,454
0602 Non admitted Assets.....	66,100	-	-
0603 .....			
0604 .....			
0605 .....			
0698 Summary of remaining write-ins for Item 6 from overflow page.....			
0699 TOTALS (Items 0601 thru 0605 plus 0698) (Page 6, Item 6).....	\$121,473	\$455,087	\$11,454

DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER APPLICATIONS

1001 Increase in Leasehold Improvements.....	\$108,043	-	-
1002 Increase in other assets.....	23,483	-	-
1003 Decrease in Deferred Compensation.....	55,373	455,087	-
1004 Decrease in Board Designated Fund.....	12,274	123,534	\$11,454
1005 Increase in restricted Assets.....	-	-	5,513,512
1006 Decrease in Pension Liab.....	-	-	3,059,706
1098 Summary of remaining write-ins for Item 10 from overflow page.....		1,723,024	-
1007 Non-Admitted Assets.....			
1099 TOTALS (Items 1001 thru 1005 plus 1098) (Page 6, Item 10).....	\$199,173	2,301,645	8,575,672

STATEMENT AS OF September 30, 1980 OF THE Group Health Association, Inc.  
(Quarter Ending) (Name)

### Report #4: ENROLLMENT AND UTILIZATION TABLE

#### TOTAL ENROLLMENT—QUARTER

1 Source of Enrollment	2 Total Members At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Members at End of Period	6 Cumulative Member Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physician	8 Non-Physician	9 Total			
Under 65	145,204	x x	x x	145,195	435,585	86,737	52,964	139,701	13,482	365	5.26
Age 65 and Older	9,838	x x	x x	9,829	29,487	12,968	6,719	19,687	4,144	2,446	8.32
Total Membership	155,034	9,463	9,473	155,024	465,072	99,705	59,683	159,388	17,626	461	5.78

#### TITLE XVIII MEDICARE

1	2	3	4	5	6	7	8	9	10	11	12
Total Membership	7336	177	85	7428	22,284	11,334	5803	17,137	4144	2446	8.32

#### TITLE XIX MEDICAID

1	2	3	4	5	6	7	8	9	10	11	12
Total Membership					N/A						

STATEMENT AS OF September 30, 1990 OF THE Group Health Association, Inc.  
(YTD-Period Ending) (Name)

### Report #4: ENROLLMENT AND UTILIZATION TABLE

#### TOTAL ENROLLMENT—YEAR TO DATE

1 Source of Enrollment	2 Total Members At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Members at End of Period	6 Cumulative Member Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physician	8 Non-Physician	9 Total			
1. Under 65 .....	140,480	x x	x x	145,195	1,307,061	282,661	168,773	451,434	38,121	343	5.09
2. Age 65 and Older .....	9,507	x x	x x	9,829	88,470	140,303	21,281	61,584	11,743	2240	8.02
3. Total Membership	149,987	35944	30907	155,024	1,395,531	322,964	190,054	513,018	49,864	409	5.56

#### TITLE XVIII MEDICARE

1	2	3	4	5	6	7	8	9	10	11	12
Total Membership	7307	493	372	7428	66360	35213	15575	50788	11743	2240	8.02

#### TITLE XIX MEDICAID

1	2	3	4	5	6	7	8	9	10	11	12
Total Membership					N/A						1

529

## SCHEDULE E-ANALYSIS OF ASSETS

Description of Asset	1 Ledger Assets	2 Non-Ledger Assets	3 Assets Not Admitted	4 Net Admitted Assets
<b>CURRENT ASSETS:</b>				
1. Cash	3,108,260	0	0	3,108,260
2. Short-Term Investments	—	0	0	—
3. Premiums Receivable—Net	11,957,637	0	0	11,957,637
4. Interest Receivable	0	0	0	0
5. Other Receivables—Net	2,511,443	0	0	2,511,443
6. Prepaid Expenses	3,857,077	0	0	3,857,077
7. Aggregate Write-ins for Current Assets	4,448,922	0	0	4,448,922
8. TOTAL CURRENT ASSETS	25,885,339	0	0	25,885,339
<b>OTHER ASSETS:</b>				
9. Restricted Assets	12,054,352	0	0	12,054,352
10. Restricted Funds	—	0	0	—
11. Loan Escrow	—	0	0	—
12. Long-Term Investments	—	3,082,326	0	3,082,326
13a. Intangible Assets & Goodwill	—	xxx	xxx	xxx
b. Less Amortization	—	xxx	xxx	xxx
c. Intangible Assets & Goodwill—Net	0	0	0	0
14a. Leasehold Improvements	14,427,281	xxx	xxx	xxx
b. Less Amortization	2,548,838	xxx	xxx	xxx
c. Leasehold Improvements—Net	8,939,443	0	0	8,939,443
15. Aggregate Write-ins for Other Assets	3,438,954	0	1,723,024	1,715,930
16. TOTAL OTHER ASSETS	24,432,749	3,082,326	1,723,024	25,792,051
<b>PROPERTY &amp; EQUIPMENT—NET</b>				
17. Land	5,359,692	0	0	5,359,692
18. Building & Improvements	6,204,585	0	0	6,204,585
19. Construction in Progress	0	0	0	0
20. Furniture & Equipment	9,228,368	0	0	9,228,368
21. Aggregate Write-ins for Other Equipment	0	0	0	0
22. TOTAL PROPERTY & EQUIPMENT—NET	20,792,645	0	0	20,792,645
23. TOTAL ASSETS (Items 8, 16 and 22)	71,110,733	3,082,326	1,723,024	72,470,035
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 7 FOR CURRENT ASSETS</b>				
0701				
0702				
0703				
0704				
0705				
0798 Summary of remaining Write-ins for Item 7 from overflow page				
0799 TOTALS (Items 0701 thru 0705 plus 0798)(Page 9 Item 7)	4,448,922	0	0	4,448,922
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER ASSETS</b>				
1501				
1502				
1503				
1504				
1505				
1598 Summary of remaining Write-ins for Item 15 from overflow page				
1599 TOTALS (Items 1501 thru 1505 plus 1598)(Page 9 Item 15)	3,438,954	0	1,723,024	1,715,930
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 21 FOR OTHER EQUIPMENT</b>				
2101				
2102				
2103				
2104				
2105				
2198 Summary of remaining Write-ins for Item 21 from overflow page				
2199 TOTALS (Items 2101 thru 2105 plus 2198) (Page 9 Item 21)	0	0	0	0

## SCHEDULE J—PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

1 States, Etc.	2 HMO Is Licensed? (Yes or No)	Direct Business Only		
		3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX
Alabama	AL			
Alaska	AK			
Arizona	AZ			
Arkansas	AR			
California	CA			
Colorado	CO			
Connecticut	CT			
Delaware	DE			
Dist. Columbia	DC	Yes	15,838,150	
Florida	FL			
Georgia	GA			
Hawaii	HI			
Idaho	ID			
Illinois	IL			
Indiana	IN			
Iowa	IA			
Kansas	KS			
Kentucky	KY			
Louisiana	LA			
Maine	ME			
Maryland	MD	Yes	19,670,488	
Massachusetts	MA			
Michigan	MI			
Minnesota	MN			
Mississippi	MS			
Missouri	MO			
Montana	MT			
Nebraska	NE			
Nevada	NV			
New Hampshire	NH			
New Jersey	NJ			
New Mexico	NM			
New York	NY			
North Carolina	NC			
North Dakota	ND			
Ohio	OH			
Oklahoma	OK			
Oregon	OR			
Pennsylvania	PA			
Rhode Island	RI			
South Carolina	SC			
South Dakota	SD			
Tennessee	TN			
Texas	TX			
Utah	UT			
Vermont	VT			
Virginia	VA	Yes	10,978,575	
Washington	WA			
West Virginia	WV			
Wisconsin	WI			
Wyoming	WY			
Totals		46,487,213		
(Direct Business)				

SUPPLEMENTARY STATEMENT  
 COVERED AND UNCOVERED EXPENSES  
 FOR THE QUARTER ENDING 9/30/90  
 OF THE Group Health Association  
 (NAME)

EXPENSES	COVERED	UNCOVERED	TOTAL
<b>MEDICAL AND HOSPITAL</b>			
(1) PHYSICIAN SERVICES	9,017,912	1,001,990	10,019,902
(2) OTHER PROFESSIONAL SERVICES	8,389,121	923,236	9,232,357
(3) OUTSIDE REFERRALS	0	169,382	169,382
(4) EMERGENCY ROOM	0	907,635	907,635
(5) OUT OF AREA-OTHER	0	0	0
(6) OCCUPANCY	0	179,253	179,253
(7) DEPRECIATION AND AMORTIZATION	314,808	0	314,808
(8) INPATIENT	11,616,502	1,290,722	12,907,224
(9) INSURANCE	0	162,642	162,642
(10) OTHER MEDICAL	11,060,441	0	11,060,441
(11) INCENTIVE POOL ADJUSTMENT	0	0	0
(12) TOTAL MEDICAL AND HOSPITAL (ITEMS 1-11)	40,318,784	4,634,860	44,953,644
<b>ADMINISTRATION</b>			
(13) COMPENSATION	0	3,312,670	3,312,670
(14) INTEREST EXPENSE	0	221,695	221,695
(15) OCCUPANCY	0	3,828,476	3,828,476
(16) DEPRECIATION AND AMORTIZATION	0	0	0
(17) MARKETING	0	403,884	403,884
(18) OTHER	0	1,187,495	1,187,495
(19) TOTAL ADMINISTRATION (ITEMS 13-19)	0	8,954,220	8,954,220
(20) TOTAL EXPENSES INCURRED (ITEMS 12+19)	40,318,784	13,589,080	53,907,864
<b>RECONCILIATION</b>			
(21) GENERAL EXPENSES UNPAID AT END OF PREVIOUS QUARTER	600,200	66,689	666,889
(22) GENERAL EXPENSES UNPAID AT END OF CURRENT QUARTER	1,631,284	181,254	1,812,538
(23) GENERAL EXPENSES PAID DURING CURRENT QUARTER (ITEMS 20+21-22)	39,287,700	13,474,515	52,762,215

GROUP HEALTH ASSOCIATION, INC.  
SCHEDULE OF AGGREGATE WRITE INS FOR CURRENT ASSETS

RNG:L283..0307:EDR:L278..0282

Schedule (1)

DESCRIPTION	CURRENT PERIOD	PRIOR PERIOD
PHARMACY INVENTORY	\$48,124	0
STOREROOM INVENTORY	169,396	(143,470)
X-RAY FILM INVENTORY	85,639	11,983
PHARMACY - MH	115,797	136,283
PHARMACY - PG	22,626	93,253
PHARMACY - PA	272,931	357,029
PHARMACY DISTRIBUTION CENTER	206,923	138,964
PHARMACY LABELS & CONTAINER	221	221
MH OPTICAL INVENTORY	28,662	65,259
PG OPTICAL INVENTORY	27,491	11,059
AN OPTICAL INVENTORY	6,908	17,856
RK OPTICAL INVENTORY	31,166	15,029
M STREET OPTICALS	175,376	226,768
CONTACT LENS	93,554	119,885
SELF INS.-CURRENT	1,301,672	949,001
MEDICAL CORRESPONDENCE -NEW	1,760,000	1,760,000
CAP PHYSICIAN INCENTIVE FD-ADAMS	0	0
SPECIAL ASSISTANCE FUND	102,436	225,970
	-----	-----
TOTAL	\$4,448,922	\$3,984,990
	-----	-----



GROUP HEALTH ASSOCIATION, INC.  
SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER ASSETS  
RNG:L274..0302;BDR:L267..0273

Schedule (2)

DESCRIPTION	CURRENT PERIOD	PRIOR PERIOD
ADVANCES MD	\$0	\$4,295
ADVANCES - NONUNION	550	3,103
ADVANCES O P E I U	0	614
ADVANCES - R N P T A	0	0
RADIOLOGY DEVELOPEMENT COST	0	159,529
RADIOLOGY DEV.COST AMORT.	0	(159,529)
SEC ACTIVITY FUND	4,917	4,917
HOLIDAY FUND	1,194	0
E D P DEVELOPEMENT COST	501,444	501,444
ACCUMULATED AMORTIZATION-EDP DEV.	(436,869)	(392,489)
COMPUTER SOFTWARE DEVELOPEMENT CO	188,152	188,152
ACCUMULATED AMORTIZATION-S/W DEV.	(113,891)	(96,512)
COMPUTER SOFTWARE	868,129	821,034
COMPUTER SOFTWARE-AMORT.	(301,873)	(175,854)
MARKETABLE SECURITIES & CD'S	271,497	200,000
DEPOSITS	1,438,322	1,535,162
OPTION RIGHTS - PPP SILVER SPRING	706,818	706,818
PRIMARY PREVENTION PROG.-SKY LINE	505,750	505,750
ACC.AMORT.RIGHTS-PPP SILVERSPRING	(90,014)	(90,651)
ACC.AMORT.-PPP SKYLINE	(105,172)	0
	-----	-----
	\$3,438,954	\$3,715,783
NON- ADMITTED ASSETS	(1,723,024)	0
	-----	-----
	\$1,715,930	\$3,715,783
	-----	-----

GROUP HEALTH ASSOCIATION, INC.  
SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER CURRENT LIABILITIES

R:L230..0238;RNG:L239..0246

Schedule - (3)

	CURRENT PERIOD	PRIOR PERIOD
ACCRUED PENSION LIABILITIES	\$3,843,960	\$5,684,481
UNASSERTED CLAIMS, CURRENT	107,573	949,001
	-----	-----
TOTAL	\$3,951,533	\$6,633,482
	-----	-----

GROUP HEALTH ASSOCIATION, INC.

SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER LIABILITIES

EDR:L247..0254;RNG:L255..0264

Schedule - (1)

AGGREGATE WRITE-INS FOR OTHER LIABILITIES	CURRENT PERIOD	PRIOR PERIOD
RETIREMENT - LONG TERM		
INVESTMENT IN GROUP ANNUITY CONTR(CONTRA ENTRY)	\$3,082,326	\$3,537,413
RETIREMENT NET OF CURRENT 221520	11,659,043	11,659,043
	-----	-----
TOTAL	\$14,741,369	\$15,196,456
	-----	-----

:A922..F941  
:A

GROUP HEALTHGROUP HEALTH ASSOCIATION INC.  
SCHEDULE OF AGGREGATE WRITCAGREGATE WRITE-INS FOR OTHER REVENUES  
FOR THE QUARTER ENDING SEPTEMBER 30, '90

Schedule - (5)

DESCRIPTION	YEAR TO DATE 09/ 30/ '90	CURRENT PERIOD 3 MONTHS ENDG. 09/ 30/ '90	PRIOR PERIOD AS OF 12/ 31/ '89
DUES-GHA:	3,705,837	1,234,195	3,451,277
APPLICATION FEES	36,976	9,825	54,300
DELINQUENCY FEES	44,725	14,905	58,294
MEDICAL TRANSCRIPT FEES	0	0	41,753
PRIMARY PREVENTION PROG.	30,700	7,020	32,952
REVENUE FROM OPT.SALES	515,584	132,450	599,613
NET REV.FROM PHAR.SALES	1,054,002	357,003	831,913
MISCELLANEOUS	29,767	24,701	0
BAD DERT RECOVERY	197,914	39,535	0
PURCHASES DISCOUNT	29,197	5,142	0
RENTAL INCOME	196,699	62,931	311,729
	-----	-----	-----
	5,841,401	1,887,707	5,381,831
	=====	=====	=====

GROUP HEALTH ASSOCIATION, INC.  
SCHEDULE OF AGGREGATE WRITE-INS FOR OTHER ADMINISTRATION  
FOR THE QUARTER ENDING SEPT. 30, '90

BDR:B997  
RNG:B100

Schedule -(6)

DESCRIPTION =====	AS OF 09/ 30/ '90	3 MONTHS ENDS. 09/ 30/ '90	PRIOR
EQUIPMENTS & RENTALS	77,635	29,673	110
PROMOTIONAL ADVERTISING	0	0	6
COMMUNICATION	52,532	29,853	20
MAIL & DELIVERY	417,452	125,636	410
G H A BROCHURES	90,464	11,510	310
BUSINESS CONF. MEALS	64,293	22,390	120
TRAVEL	131,986	59,978	190
PARKING	282,312	104,465	240
SUBSCRIPTIONS & PAMPHLETS	22,253	11,298	20
OVERTIME MEALS	10,742	4,268	20
NUTRITION CLASS EXP. REIMBURSEMENT	(6,578)	(1,420)	(10)
NUTRITION CLASS MATRERIALS	251	211	0
PURCHASED SERVICES & MISCELLANEOUS	513,763	54,568	730
PROVISION FOR UNCOLLECTIBLES	63,566	26,522	90
LAUNDRY	6,315	1,716	0
TEMPORARY PERSONNEL SERVICES	92,968	22,598	310
CONSULTANT SERVICES	227,674	92,802	260
AUDIT SERVICES	43,722	14,574	60
LEGAL SERVICES	107,413	36,211	100
OUTSIDE PROFESSIONAL SERVICES	40,733	31,692	0
SUPPLIES	381,289	150,417	50
OTHER INSURANCE	312,062	111,009	380
DATA PROCESSING SERVICES	23,054	10,341	20
OTHER TAXES	37,493	10,996	70
BALLOTS & BYLAWS	40,008	500	30
G H A-NEWS	81,590	53,796	120
PERSONNEL RECRUITMENT	216,305	89,226	380
ADMINISTRN.OCC. MOVING EXPENSES	15,560	5,560	20
EMPLOYEE ACTIVITY FUND	25,167	5,646	60
CREDIT BUREAU EXPENSES	121,334	30,377	140
BOARD & COMMITTEE MEETINGS	16,299	8,412	0
RENTAL EXPENSES	84	89	0
TRAINING & DEVELOPEMENT	55,315	32,581	0
	0	0	
TOTAL	3,565,056	1,187,495	4,950

GROUP HEALTH ASSOCIATION, INC.  
SCHEDULE OF NON-ADMITTED OTHER ASSETS"

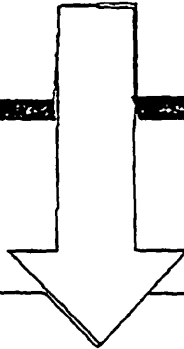
RNG:L310..0322;BDR:L304..0309

Schedule - (7.)

DESCRIPTION	CURRENT PERIOD
ADVANCES TO MD'S	0
ADVANCES- NONUNION	550
NET EDP DEVELOPEMENT COST	64,575
COMPUTER SOFTWARE DEVELOPEMENT COST	74,261
COMPUTER SWOFT WARE	566,256
NET OPTION RIGHTS- PPP SILVER SPRING	616,804
PPP SKYLINE	400,578
	-----
TOTAL NON ADMITTED ASSETS	\$ 1,723,024
	-----

## MISSION

AN INNOVATIVE, CONSUMER-OWNED HEALTH CARE  
SYSTEM PROVIDING QUALITY AFFORDABLE SERVICE  
IN A PROFESSIONAL AND CARING ENVIRONMENT.



## STRATEGIC GOAL

TO BE RECOGNIZED AS A LEADING PROVIDER OF  
HEALTH CARE SERVICES THAT ARE RESPONSIVE TO  
CUSTOMER EXPECTATIONS OF HIGH QUALITY  
AND VALUE.

## GLOSSARY

STRATEGIC PLAN	A vision directed plan identifying where an organization wants to be and how it intends to get there. It provides the framework which guides those choices that determine the nature and direction of an organization.
LONG RANGE PLAN	Projections of future operational and financial performance, based on trends in current operations. Long range planning tends not to explore where an organization might go strategically, but instead what patterns an organization can expect if it continues on its current course.
CUSTOMER	Anyone who relies on the individual or collective effort of GHA and its employees. GHA's foremost customers are its current members, though the satisfaction of that cadre of customers is ultimately dependant on meeting the expectations of all internal and external customers.
STRATEGY	The framework which determines the nature and direction of an organization. Alternative choices relate to the scope of an organization's products or services, markets, key capabilities, growth, return, and allocation of resources.
CRITICAL ISSUE	A roadblock or potential obstacle to achievement of a particular strategy.
ACTION	A planned approach to overcoming a critical issue.
OBJECTIVE	A specific measurable step aimed at achieving a strategy.
PRODUCT	
TQM	"A comprehensive organization-wide approach to management and to the conduct of daily work. TQM is focused on meeting the needs and expectations of one's customers through the continuous improvement of the quality of work related processes. TQM employs the principles and methods of Deming, Juran and others that include rigorous fact-based problem solving by work related teams, knowledge and use of statistical process control techniques, and the application of the "Deming Cycle" of "Plan, Do, Check, Act" to all aspects of quality improvement."



ANALYSIS OF THE LABORATORY SCREENING STAGE  
OF THE PERSONAL COVERAGE PLAN

FAIRFAX CIRCUIT COURT	
DEPT. 9	EXP. 9
DATE	3-19-91
JUDGE	W. J. B.
CASE NO.	12097213

## INTRODUCTION AND BACKGROUND HISTORY

Group Health's Personal Coverage Plan (PCP) is a health plan designed to provide coverage to individuals who are not members of a group. Also, the Personal Coverage Plan provides health coverage for spouses and dependents of these working individuals.

An individual who is accepted into the Personal Coverage Plan successfully passes 4 steps in the application process:

1. The applicant fills out an application and Medical History Questionnaire and returns both to Group Health,
2. The Medical History Questionnaire is reviewed and is approved,
3. The individual participates in a lab screening; test results are within normal limits, and
4. The individual is accepted into the PCP and pays a two month premium.

Group Health's utilization data indicates that personal coverage members are a healthier population than Group Health's total membership. The medical screening procedures have been successful in enrolling a healthy population. Thus, Group Health's Senior Management Staff decided to aggressively pursue the Personal Coverage Market. However, Senior Management Staff are concerned about the effectiveness of the four step procedure. In July 1990, an individual applicants processing time was 45-60 days. Senior Management requested that the four step process be reviewed. The following questions were asked regarding the Personal Coverage Application Process:

1. Is the application and Medical History Questionnaire clear?
2. Are the guidelines for accepting the applicant based on the Medical History Review too strict?
3. Is the lab test step necessary for screening out the high risk population?
4. Once the individual is accepted, why does he/she choose to not become a member?
5. Should existing staff resources be re-allocated to process medical history and lab results as needed?
6. Can each applicant be processed within 30 days?

A re-evaluation of the 4 steps of the application process began in July 1990, by Pam Gee, Personal Coverage Coordinator and other staff members. The following data was collected and analyzed:

1. Application and Medical History Questionnaire

- (a) Data was collected from incomplete applications and Medical History questionnaires before the both forms were sent back to the applicant for further information.
- (b) Staff members analyzed the clarity of the application and questionnaire forms.

2. Medical History Review

- (a) Guidelines for the Medical History will be reviewed by Turner Bledsoe and his medical staff.

3. Lab Tests

- (a) Data was collected from the lab slips of individuals that were denied between the period of January 1989-August 1990.

4. Accepted Individuals

- (a) Follow-up calls were made to those individuals that were accepted, but did not pay their Personal Coverage premium. Responses are documented on the CRIS system.

5. Processing Time

- (a) Time period data was collected for the stages that applied to an applicant as he/she proceeded to be accepted/denied for the Personal Coverage Plan.

Analysis of the data led to a revised Application and Medical History Questionnaire, decreased processing time, and an understanding of why accepted individuals did not pay the premium for the Personal Coverage Plan. Presently, a task force is being formed to review the guidelines for the Medical History questionnaire.

Detailed results on these topics are not presented here. The above information is provided to give you an orientation and background information on the Personal Coverage Process. The focus of this report is on the Lab Testing.

In August 1990, a project was undertaken to investigate the cost-effectiveness of the Lab Test for the Personal Coverage Plan Process. The following information was obtained and the resultant data was analyzed:

1. Description of the Lab Tests
2. Number of Lab Tests given for each individual that applies.
3. Analysis of the Personal Coverage Plan's Total Applications from January 1989 through August 1990.
4. Analysis of the lab slips of all individuals that failed the lab test from January 1989 through August 1990.
5. Cost-benefit analysis

## PROGRAM DESCRIPTION

### LAB TESTS

Applicants receive a varied number of lab tests depending on their age and sex. The following chart lists the ages of the applicants, the sex, and the number of associated tests:

<u>Applicants</u> <u>Age</u>	<u>Sex</u>	<u>Number</u> <u>of Tests</u>
Infant - 2 years	M	5
Infant - 2 years	F	5
3 - 11 years	M	5
3 - 11 years	F	5
12 - 49 years	F	12
12 - 49 years	M	11
>49 years	F	11
>49 years	M	13

A description of the lab tests, the standards used to assess each test, and the disease implications is found in Appendix A--Lab Screening Test Description, Standards, and Disease Implications.

## STAFF

One Group Health staff person, Kathleen Yates, spends five mornings a week (actual hours vary) in the Lab Department at various Group Health Centers administering the following tasks:

1. Takes the applicants blood pressure,
2. Fills out the lab slips,
3. Explains the lab tests,
4. Administers and explains the HIV consent form, and
5. Explains the implications of the applicant being denied or accepted into the Personal Coverage Plan based on the results of the lab tests.

A more detailed description of the above tasks is found in Appendix B--Procedures of the Diagnostic Testing.

## ANALYSIS

Data was collected on the total number of applications from January 1989 through August 1990. The data is separated into three categories:

1. Applicants Accepted for Membership
2. Denials
  - (a) Lab Denials
  - (b) Medical Review Denials
3. Withdrawals
  - (a) Applicants did not send in the requested medical information
  - (b) Applicants did not make an appointment for the lab screening
  - (c) Applicants passed the Medical Review and Lab Screening Stages but did not enroll

Results of the data indicated that 373 out of 3,455 applications were denied based on the lab tests which is 10.8% of all the applications. A Lotus spreadsheet showing the breakdown of the total number of applications by monthly acceptance, denials, and withdrawals is found in Appendix C--Personal Coverage Plan Total Applications.

## LAB DENIALS

Data from the lab slips of applicants that failed the lab screening between the period of January 1989 through August 1990 was collected. The data is separated into eight categories according to the type of lab test:

1. Urinalysis
2. Hematology
3. Chemistry I
4. Chemistry II \*
5. Chemistry III
6. Immunology I
7. Immunology II
8. Blood Pressure

\* The Chemistry II category was created to separate the cholesterol data from the kidney data. The cholesterol data is four lab tests included on the Chemistry I lab slip.

A Lotus spreadsheet showing the breakdown of the lab slips into the above listed categories will be supplied upon request.

Data on each lab slip is compiled and indicates the reason(s) for each applicant's denial. The results are sorted by frequency of occurrence. Analysis of the data indicate the following significant findings, in descending order:

1. 35.45% of the applicants are denied based on Chemistry II standards--cholesterol standards.
2. 13.24% of the applicants are denied based on Urinalysis standards.
3. 9.31% of the applicants are denied based on a combination of Urinalysis and Chemistry II standards.
4. 8.58% of the applicants are denied based on a combination of Chemistry I and Chemistry II standards.

5. 5.64% of the applicants are denied because they are pregnant.
6. 3.43% of the applicants are denied based on both Blood Pressure and Hematology standards.
7. 3.19% of the applicants are denied based on the HIV results.
8. The resultant 21.16% of the applicants are denied based on a combination of test results (15 categories), each ranging from .25% to slightly under 3%.

A complete list of the lab denial results is found in Appendix D--Lab Denial Results, Sorted by Frequency of Occurrence.

#### COST-BENEFIT ANALYSIS

A cost-benefit analysis of the Laboratory Screening Process involves assessing the cost of the disease associated with the failed lab test result. It is extremely difficult to associate the case complexity of a resultant disease for all of the lab tests (ie. complications resulting from high cholesterol, or the complexity of an AIDS case with a positive ELISA test result) with a cost. However, one category--a diagnosis of pregnancy--results in a consistent treatment pattern. Thus, for the purpose of establishing this cost analysis, the category of pregnancy is used solely.. In order to establish least cost for pregnancy care and delivery, the following assumptions apply: Non-complicated prenatal care, vaginal delivery, and hospitalization in a contract hospital.

Each application was reviewed and the number of applicants for each application were categorized by age and sex. The applicants were then recategorized into the categories of: enrolled member, failed the laboratory test, and passed the laboratory test however did not enroll. Profiles were then established based on the age and sex guidelines for the specific laboratory tests given (Appendix E--Profiles). A complete list of all the applicants by month and year is found in Appendix F.

Dr. Lupovich supplied the cost per lab test data. Direct labor, direct material and overhead are included in each lab test. The lab cost per case is established based on the type and number of lab tests given to each age/sex profile (Appendix G--Lab Test Costs; Profiles).

The average cost of pregnancy pre-natal care and delivery are based on HIAA Surgical Prevailing Healthcare Charges and a 2 day hospitalization stay using the George Washington Medical Center per diem charge (Appendix H--Average Cost of Pregnancy Care and Delivery).

Based on the above assumptions, the cost analysis is as follows:

Total Laboratory Cost

<u>Applicants</u>	<u>Total Cost</u>
Enrolled Membership	\$ 36,113.40
Lab Denials	\$ 7,983.78
Didn't Enroll	<u>\$ 3,550.90</u>
Total	\$ 47,648.08
Staff Salary	\$ 17,493.00
Total	\$ 65,141.08

Total Pregnancy and Delivery Cost

<u>Applicants</u>	<u>Cost per Case</u>	<u>Total Cost</u>
23	\$ 5,611	\$129,053.00

Cost over (under) expense      \$ (63,911.92)

The cost-benefit analysis indicates that the lab screening cost for 2,435 applicants during the period January 89 - August 90 was \$65,136.70. The cost that Group Health would have incurred from the pregnancy cases alone had there been no lab screening would have been a minimal cost of \$129,053.00. The cost-benefit analysis indicates a savings of \$63,916.30 based on one diagnostic category.



## SUMMARY AND RECOMMENDATIONS

Since utilization data indicates that Group Health's personal coverage members are a healthier population than Group Health's total membership, Group Health's Senior Management Staff decided to aggressively pursue the Personal Coverage Market. However, Senior Management Staff are concerned about the effectiveness of the Personal Coverage Plan Process. One of their concerns is the validity of the Laboratory Test in screening out the high risk population and a cost-benefit analysis of this program.

An analysis of the total number of Personal Coverage applications from January 1989 through August 1990 indicates that 10.8% of all applications were denied based on the lab test. Further analysis of the lab slips of the applicants that failed the lab screening indicated that 78.84% of the lab denial are accounted for as follows: 35.45% of the applicants are denied based on Chemistry II standards--cholesterol, 13.24% of the applicants are denied based on Urinalysis standards, 9.31% of the applicants are denied based on a combination of Urinalysis and Chemistry II standards, and 8.58% of the applicants are denied based on a combination of Chemistry I and Chemistry II standards. In addition, 5.64% of the applicants are denied because they are pregnant and 3.19% of the applicants are denied based on the HIV results.

A cost-benefit analysis based on one diagnostic category--pregnancy indicates that the lab screening process is necessary for screening out the high risk population and that existing staff resources should be re-allocated to process lab results as needed.

The results of the study foster numerous questions and it is therefore recommended that a project team comprised of Medical Personnel, Cost Containment Staff, and Personal Coverage Staff be formed in order to assess the following:

1. Are the standards for each diagnostic category appropriate?
2. Are some of the laboratory tests unnecessary?
3. Are there other laboratory tests that Group Health should include to prevent adverse selection (ie.drug testing)?
4. Does data from cost containment/claims indicate that our Medical Review Questionnaire may be missing some high risk conditions and needs to be revised?

A copy of this report will be sent to the staff members on the project teams in the departments listed above with the expectation that the questions posed will be answered so that the lab screening can be used more efficiently to eliminate adverse selection.

**APPENDIX A**

GROUP HEALTH ASSOCIATION  
LAB SCREENING  
TEST DESCRIPTION, STANDARDS, & DISEASE IMPLICATIONS

For Tests Applicable to:

Males/females infant - 2 years  
Males/females 3 - 11 years  
.....

Test -----	Description -----	Standards -----	Disease Implications -----
U/A	WBC, RBC, Protein & Glucose	WBC 3.5-10.5  RBC (M) 4.2-5.7 (F) 3.5-5.2	Leukemia Diabetes Kidney Problems
H/H	Complete Blood Count--Red & White Cells, check for anemia		Viral Infection Anemia
T4	Thyroid function	>/=8.4	Thyroid Problems
PKU	Mental Retardation	+/-	Mental Retardation
Hemo. Electrop.	Sickle Cell	+/-	Sickle Cell

**GROUP HEALTH ASSOCIATION  
LAB SCREENING  
TEST DESCRIPTION, STANDARDS, & DISEASE IMPLICATIONS**

For Tests Applicable to:

Females 12 - 49 years of age  
.....

Test .....	Description .....	Standards .....	Disease Implications .....
U/A	Urinary Track Infection	WBC 3.5-10.5  RBC (M) 4.2-5.7 (F) 3.5-5.2	Leukemia Diabetes Kidney Problems
CBC	Complete Blood Count--Red & White Cells, check for anemia		Viral Infection Anemia
GLUCOSE	Check sugar level	68-114	Diabetes
BUN	Kidney functioning	6-21	Kidney Problems
CREATINNE	Kidney functioning	0.4-1.9	Kidney Problems
CHL	CHL level	70-240	Heart Disease
TRI	CHL level	45-180	Problem with Lipids
HDL CHL	CHL level	40-75	
AST(GOT)	Liver functioning test	16-44	Liver Disease
HIV	Checks antibodies for AIDS. If + do Western Blot Test	+/-	AIDS
RPR	Venereal Disease	+/-	Syphilis
HCG QUAL	Pregnancy Test	<5	Pregnant

**GROUP HEALTH ASSOCIATION  
LAB SCREENING  
TEST DESCRIPTION, STANDARDS, & DISEASE IMPLICATIONS**

For Tests Applicable to:

Males 12 - 49 years of age  
Females >49 years of age  
.....

Test .....	Description .....	Standards .....	Disease Implications .....
U/A	Urinary Track Infection	WBC 3.5-10.5  RBC (M) 4.2-5.7 (F) 3.5-5.2	Leukemia Diabetes Kidney Problems
CBC	Complete Blood Count--Red & White Cells, check for anemia		Viral Infection Anemia
GLUCOSE	Check sugar level	68-114	Diabetes
BUN	Kidney functioning	6-21	Kidney Problems
CREATINNE	Kidney functioning	0.4-1.9	Kidney Problems
CHL	CHL level	70-240	Heart Disease
TRI	CHL level	45-180	Problem with Lipids
HDL CHL	CHL level	40-75	
AST(GOT)	Liver functioning test	16-44	Liver Disease
HIV	Checks antibodies for AIDS. If + do Western Blot Test	+/-	AIDS
RPR	Venereal Disease	+/-	Syphillis

**PROPOSAL  
GROUP HEALTH ASSOCIATION  
PERSONAL COVERAGE PLAN  
GUIDELINES FOR HEALTH EVALUATION**

**DEFINITE DENIALS**

-HIGH BLOOD PRESSURE  
-DIABETES  
-OSTEOARTHRITIS  
-CANCER- PRESENT, PAST, ANY TYPE  
-DRUG OR ETOH ABUSE WITHIN THE PAST THREE YEARS  
-PSYCH TREATMENT WITHIN THE PAST 3 YEARS  
-SEIZURES  
-ASTHMA... IF SEVERE OR UNDER CURRENT MEDICATION AND TREATMENT  
-Chronic OBSTRUCTIVE PULOMARY DIEASE  
-BRAIN DISEASE/INJURY  
-LUPUS  
-EMPHYSEMA  
-KIDNEY DISEASE  
-STROKE  
-HEART ATTACK  
-MENIERE'S DISEASE  
-MS  
-SMOKING- (35 YEARS & OLDER...SMOKING HALF PACK OR MORE A DAY)  
\*\*\*REJECT ANY APPLICANT WHO HAS A CONDITION WHICH MAY REQUIRE MEDICAL CARE AT THE TIME OF APPLICATION)

**REVISION OF GUIDELINES**

Alcohol / Drug- if treatment is sought within the past three years  
DECLINE

**Blood disorder, Circulatory disease**

Anemia- HCT 30 HGB 10	DECLINE
Apoplexy (Embolism, TCL, TIA)	DECLINE
Hemophilia	DECLINE
Hodgkin Disease	DECLINE
Leukemia	DECLINE
Phlebitis (Thrumbopheebitis) Present Recovered (1 yr.)	DECLINE ACCEPT
Septicemia	DECLINE

**Proposal**  
**Group Health Association**  
**Personal Coverage Plan**  
**Guidelines for Health Evaluation**  
**Page 2**

<b>Thrombosis</b>		
	<b>Present</b>	<b>DECLINE</b>
	<b>Recovered</b>	<b>ACCEPT</b>
<b>Varicose Veins (5)</b>		<b>ACCEPT (Unless</b>
<b>Surgery Recommended and not yet performed)</b>		<b>DECLINE</b>
<b>Polycythemia Vera</b>		<b>DECLINE</b>
<b><u>JOINT DISEASE</u></b>		
<b>Stiff Joints</b>		<b>ACCEPT</b>
<b>Arthritis</b>		
	<b>Rheumatism</b>	<b>DECLINE</b>
	<b>Osteoarthritis</b>	<b>DECLINE</b>
	<b>Juvenile</b>	<b>DECLINE</b>
	<b>Acute Suppurative</b>	<b>DECLINE</b>
	<b>Rheumatoid</b>	<b>DECLINE</b>
<b>Dislocations</b>		
	<b>Present</b>	<b>DECLINE</b>
	<b>Recovered</b>	<b>ACCEPT</b>
<b>Synovitis</b>		
	<b>Present</b>	<b>DECLINE</b>
	<b>Recovered</b>	<b>ACCEPT</b>
<b>Joint Replacement</b>		<b>DECLINE</b>
<b>TMJ</b>		<b>DECLINE</b>
<b>Chronic Low Back Pain</b>		<b>DECLINE</b>
<b><u>RESPIRATORY</u></b>		
<b>Asthma</b>		
	<b>Severe / Current</b>	<b>DECLINE</b>
	<b>Allergic / Seasonal</b>	<b>ACCEPT with</b>
		<b>Documen-</b>
		<b>tation</b>
<b>Bronchitis</b>		
	<b>Acute/Present/Severe</b>	<b>DECLINE</b>
	<b>Recovered</b>	<b>ACCEPT</b>



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**RESPIRATORY**

**Emphysema** **DECLINE**

**Pleurisy** **Present** **DECLINE**  
**Recovered** **ACCEPT**

**CANCER** **Tumor, Carcinoma, (Any Type)** **DECLINE**

**DIGESTIVE DISORDERS**

**Cholecystitis / Cholelithiasis**  
**Stones Present** **DECLINE**  
**Stones Removed** **ACCEPT WITH DOCUMENTATION**

**Duodenal Ulcer** **DECLINE**  
**Gall Bladder Disease** **DECLINE**  
**Gastric Ulcer** **DECLINE**  
**Gastritis** **Present** **DECLINE**  
**Recovered** **ACCEPT with Documentation**

**Peptic Ulcer** **DECLINE**  
**Intestinal Bypass** **DECLINE**

**HEART DISEASE**

**Hypertension** **DECLINE**  
**Heart Murmurs** **DECLINE**  
**Angina, Endocarditis, Pericarditis,** **DECLINE**  
**Myocarditis and aneurysm**  
**Peripheral Vascular Disease** **DECLINE**

**Stroke, CNA, TIA** **DECLINE**

**Congestive Heart Failure** **DECLINE**

**KIDNEY**

**Diabetes, Prostate, GU Systems, Bladder**  
**Disease, Cystitis / Tumor** **DECLINE**

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KIDNEY

Colitis Acute / Chronic	DECLINE
Cystitis      Present	DECLINE
Recovered	ACCEPT
Endstage Renal Disease	DECLINE
Diabetes	DECLINE
Diverticulitis/ Diverticulosis	DECLINE
Surgery within the past six months	
with documentation	ACCEPT
Kidney Stones	DECLINE
Kidney Disease	DECLINE
Kidney Transplant	DECLINE
Frequent Utis	DECLINE

NEUROLOGICAL - Mental, Nervous Disorder

Brain injury, Concussion	
Recent	DECLINE
Recovered with no residual deficits	ACCEPT with documentation
Seizures/Epilepsy	DECLINE
Multiple Sclerosis	DECLINE
Lupus	DECLINE
Sarcoidosis	DECLINE
Infantile Paralysis (Polio, Spinal cord infection)	ACCEPT with documentation
Meningitis, spinal,	
Recent (months)	DECLINE
Recovered with no residual problems	ACCEPT with documentation

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Psychosis, Mental-Manic depressive Schizophrenia, Depressive psychosis Alzheimer, Alcoholic Psychosis	DECLINE
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Anorexia Nervosa	DECLINE
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Downs Syndrome	DECLINE
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Mild Depression( Death, Divorce etc.) if Diagnosis is three months prior to application, with documentation.	Accept
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Suicide Attempt	DECLINE
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Organic Brain Syndrome	DECLINE
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RECTAL DISORDERS

Hemorrhoids - Present, if surgery recommended & yet not performed.	DECLINE
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- Mild de	ACCEPT
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VENEREAL DISEASES - Decline if there's a history of three or  
more episodes within the last five years.

Herpes-Three or more episodes within the last 3 yrs	DECLINE
Last episode less than 1 year	ACCEPT

Vaginal Warts- Current or a recent flair up of more recent than six months	DECLINE
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- Last flair up was more than six months ago	ACCEPT
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Gonorrhea/ Syphilis	- Current or recent flair up of of more that six months	DECLINE
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- Last occurrence more than six months ago	ACCEPT
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Miscellaneous

Abscess - Recent (Lung, Breast, ABD, Kidney, Liver, etc.)	DECLINE
- Recent Tonsils/ Adenoids	DECLINE
- Tooth	ACCEPT
Adhesions (Internal Scars) - if symptomatic	DECLINE
Amputation- Due to disease	DECLINE
Due to Trauma	ACCEPT
Burns - Complications/ surgery required	DECLINE
- No complications	ACCEPT
Glaucoma - unoperated	DECLINE
Cataract operated	ACCEPT
Deafness - Congenital	ACCEPT
Goiter	DECLINE
GOUT - Current	DECLINE

GYN

Sterility ( Should we accept?)	
If work up and treatment not yet performed	DECLINE
Fibroid- Not operated	DECLINE
Dysfunctional Uterine Bleeding( not operated)	DECLINE
Thyroid - Hyper of Hypo	DECLINE
Graves disease	DECLINE
Hernia- unoperated/ surgery recommended & not	DECLINE
Inguinal/ yet performed	
Umbilical	
Migraine Headaches-	ACCEPT

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Pregnancy	DECLINE
Sarcoma	DECLINE
ANAL Fissure (if Operated)	ACCEPT
Obesity (30%)...see chart	DECLINE
Fibroid Tumor (Not operated)	DECLINE
Achalasia	DECLINE

GENERAL RULE NUMBER ONE

A record of more than 6 physicians visits in any 12 month period during a three year period prior to application, may be grounds for denial.

GENERAL RULES

GENERAL RULE NUMBER TWO

Any application may be rejected who has three (3) or more medical conditions requiring on going medical treatment.

GENERAL RULE NUMBER THREE

Any applicant may be rejected who has a disease or condition which may require medical care at the time of application.

GENERAL RULE NUMBER FOUR

Decline applicants who have had uncomplicated surgical procedures three months preceding the application date. The applicant may reapply.

GROUP HEALTH ASSOCIATION PERSONAL COVERAGE PLAN  
MEDICAL UNDERWRITING GUIDELINES  
HEIGHT AND WEIGHT CHART

<u>HEIGHT</u>		<u>WEIGHT</u>			
<u>Ft.</u>	<u>In.</u>	<u>MINIMUM Women</u>		<u>MARGINAL(+10) Female</u>	<u>MAXIMUM Male</u>
4	9	76	86	154	163
4	10	78	88	156	165
4	11	80	90	158	169
5	0	82	92	161	171
5	1	84	94	165	175
5	2	86	96	170	180
5	3	87	99	175	185
5	4	92	102	180	190
5	5	94	104	185	196
5	6	97	107	190	201
5	7	100	110	196	207
5	8	103	113	200	212
5	9	106	116	205	218
5	10	109	119	211	224
5	11	112	122	217	233
6	0	115	125	223	239
6	1	118	128	228	242
6	2	122	132	234	248
6	3	125	135	240	255
6	4	129	139	246	261
6	5	133	143	253	268
6	6	137	147	260	275
6	7	141	151	266	282
6	8	145	155	273	289

The above table is representative of male weights therefore deduct 10 pounds from minimum weight table for women. No adjustment is necessary for the marginal and maximum weights.

If weight at "marginal" level or above, then the risk is assigned 10 rating debits. Other conditions such as high blood pressure would cause the risk to be not acceptable.

If weight is at "maximum" or above or below the minimum, the risk is not acceptable.

Weight Losses: Add current weight to one-half the weight lost in preceding 12 months, and enter height and weight chart.