



FREE EBOOK · BUYER'S GUIDE

The Healthcare Email List Buyer's Playbook

How to Vet Data Quality, Deliverability
and Compliance Before You Buy

WRITTEN BY
John Britton
VP of Marketing, MedicalProspects

October 2026 Edition
MEDICALPROSPECTS.COM

The Healthcare Email List Buyer's Playbook

How to Vet Data Quality, Deliverability and Compliance Before You Buy

ABOUT THIS EBOOK

This MedicalProspects eBook shows healthcare marketing and sales teams how to vet a contact data vendor before they buy. It turns vague promises such as "99% deliverable" into contract terms, gives a sample test you can run in a week with your own tools, and ends with a weighted scorecard and RFP template.

WRITTEN FOR

Healthcare marketing, sales and operations teams who buy contact data, and the procurement, legal and privacy reviewers who approve those purchases.



John Britton

VP of Marketing, MedicalProspects

John works with healthcare sales and marketing teams on precision targeting, campaign strategy, and audience intelligence solutions at MedicalProspects.

October 2026 Edition. © 2026 MedicalProspects, a DataInfoMetrix company. All rights reserved. You may share this ebook in full with attribution; excerpts may be quoted with a link to medicalprospects.com.

This publication is for general information. It is not legal advice; regulations change and vary by jurisdiction, so confirm how they apply to your campaigns with qualified counsel. Statistics are cited to their sources in the Sources section; examples marked illustrative are hypothetical.

MedicalProspects · 7901 4th St N, Ste 300, St. Petersburg, FL 33702 · sales@medicalprospects.com · medicalprospects.com

CONTENTS

What's inside

	INTRODUCTION	3
	The List Is the Campaign	
01	CHAPTER	5
	Why Healthcare Contact Data Goes Stale	
02	CHAPTER	7
	The 12 Questions to Ask Every Healthcare Data Vendor	
03	CHAPTER	10
	Reading Accuracy and Deliverability Guarantees	
04	CHAPTER	13
	How to Run a Sample Test Before You Buy	
05	CHAPTER	16
	Compliance Due Diligence for List Purchases	
06	CHAPTER	19
	Red Flags and Misleading Claims	
07	CHAPTER	21
	The Vendor Scorecard and RFP Template	
08	CHAPTER	25
	Your First 30 Days With a New List	
	CONCLUSION	27
	Buy Proof, Not Promises	
A	APPENDIX A	29
	The One-Page Buyer's Checklist	
B	APPENDIX B	30
	Glossary	
	REFERENCE	31
	Sources	

The short version

This MedicalProspects eBook shows healthcare marketing and sales teams how to vet a contact data vendor before they buy. It turns vague promises such as "99% deliverable" into contract terms, gives a sample test you can run in a week with your own tools, and ends with a weighted scorecard and RFP template.

KEY TAKEAWAYS

- **12 vendor questions** on sourcing, freshness, targeting, guarantees and compliance separate verified data from recycled directory scrapes.
- **Deliverability, accuracy and verified** mean different things; ask which one a guarantee actually covers.
- **Ask for unique counts.** Total records across lists can be several times the number of real people.
- **Run a custom sample test** of 20+ records: independent email checks, NPI registry lookups and manual spot-checks.
- **Walk away from red flags** such as no custom sample, vague sourcing, count inflation or a guarantee with no remedy.
- **Score vendors on price per usable contact**, not price per contact, using the weighted scorecard.

INTRODUCTION



The List Is the Campaign

The healthcare email list you buy decides how your campaign performs before anyone writes a subject line. A strong offer sent to the wrong cardiologist, an old practice address or an inbox that bounces still fails. This playbook shows you how to test a vendor's data before you pay for it.

IN THIS CHAPTER

■ Who this playbook is for

■ How to use it

Healthcare is one of the most valuable B2B audiences, and one of the hardest to keep accurate. The market is large, specialized and constantly reorganizing.

6,100

U.S. hospitals in the 2024 AHA Annual Survey

AHA Fast Facts on U.S. Hospitals, 2026¹

1,032,365

active U.S. physicians in 2024

AAMC Physician Workforce Data²

9.15M

active provider records in the federal NPI registry

NPPES full file, April 2026³

77.6%

of physicians now employed by hospitals or corporate entities

PAI & Avalere⁴

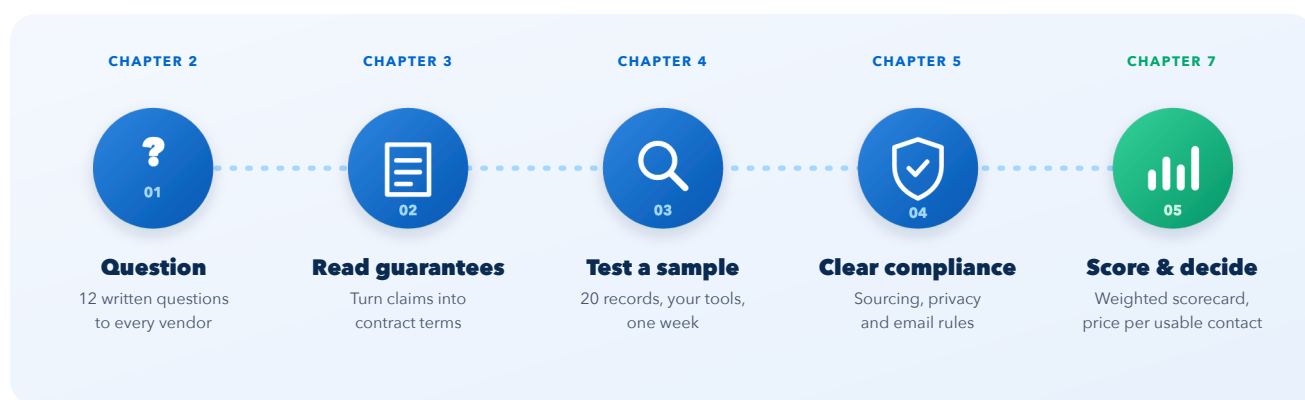
Every one of those numbers moves. Physicians change employers, practices are acquired, executives change roles and providers retire. A list that was accurate when it was compiled can be quietly wrong by the

time you send to it, and most buyers only find out after they have paid: bounce rates rise, their sending domain's reputation drops, and reps call people who left months ago.

Who this playbook is for

It is written for healthcare marketing, sales and operations teams at MedTech, pharma, biotech, HealthTech, staffing and services companies who buy contact data, and for the procurement, legal and privacy reviewers who sign off on those purchases.

How to use it



The five-step vendor evaluation: question, read guarantees, test a sample, clear compliance, then score and decide

Work through the chapters in order the first time. After that, the appendices give you a one-page checklist and a glossary to use in every evaluation.

- **Chapter 1** explains why healthcare data goes stale and what that costs.
- **Chapters 2–4** give you the questions, the guarantee language and a one-week sample test.
- **Chapter 5** covers compliance due diligence for your legal reviewer.
- **Chapter 6** lists the red flags that mean you should walk away.
- **Chapter 7** turns everything into a weighted scorecard and an RFP template.
- **Chapter 8** covers the first 30 days after you buy, when most value is won or lost.

Why Healthcare Contact Data Goes Stale

Healthcare contact data decays faster than most B2B data because the workforce and its organizations change constantly, and few of those changes are reported anywhere a marketer would see them. Understanding why records break is the first step to testing whether a vendor keeps up.

IN THIS CHAPTER

- A market that keeps reorganizing
- What stale data actually costs
- Five ways a healthcare record breaks

A market that keeps reorganizing

Two shifts drive most of the change. First, physicians have moved from independent practice into employment. Nearly four in five U.S. physicians (77.6%) are now employed by hospitals, health systems or other corporate entities, and 58.5% of physician practices are owned by those organizations.⁴ Every move from an independent practice into a system changes an email domain, a practice address and often the person who signs purchasing decisions.

Second, the federal registry that anchors provider identity depends on providers updating their own records. Covered providers are required to report changes to their NPI record within 30 days,⁵ but in practice many update only when billing or credentialing forces them to. The registry currently holds about 9.49 million records, of which 340,360 are deactivated.³

A list does not go out of date all at once. It decays one practice move, one merger and one retirement at a time, and the damage is invisible on the day you buy it.

Five ways a healthcare record breaks

What changes	What breaks in the record	How you usually find out
A physician joins a health system	Email domain, practice address, buying authority	Hard bounces, or worse, no signal at all
Practices merge or are acquired	Organization name, affiliation, email domain	Wrong-account outreach, missed accounts
An executive changes role or employer	Title, department, direct dial	"No longer here" replies, dead phone lines
A provider retires or is deactivated	Everything	Wasted outreach, embarrassed reps
Specialty is taken from a self-reported title	Specialty and segment	Weak results that look like a messaging problem

What stale data actually costs

The costs show up in three places, and only the first is easy to see.

- **Deliverability.** Hard bounces tell mailbox providers that a sender is careless. Gmail, for example, asks senders to keep reported spam rates below 0.3% and applies stricter rules to anyone sending more than 5,000 messages a day to Gmail accounts.⁶ A bad list can push a domain past those lines and drag down every later campaign, including those to good contacts.
- **Wasted effort.** Reps research, dial and mail people who left months ago. Every hour on a dead record is an hour not spent on a buyer.
- **Wrong conclusions.** An email that reaches the wrong person still counts as "delivered". Results look weak, and teams blame the message, the offer or the channel, never the data.

Measure decay on your own lists. Track hard-bounce and "no longer here" rates by list source and by month since purchase. Within two or three campaigns you will see which sources hold up and which decay fastest.

KEY TAKEAWAYS

- Physician employment and practice ownership have shifted toward health systems and corporations, so records change often.
- The NPI registry is self-reported; it anchors identity but does not keep contact details current on its own.
- Most record failures are silent. Only bounces and dead lines announce themselves.
- The biggest cost of stale data is pipeline that never forms, not the price of the list.

The 12 Questions to Ask Every Healthcare Data Vendor

Ask every vendor on your shortlist the same twelve questions, in writing. A vendor with verified data answers specifically and can show its work. A reseller answers with adjectives. The tables below show what strong and weak answers look like.

IN THIS CHAPTER

- Sourcing
- Accuracy and freshness
- Targeting
- Guarantees, delivery and compliance

Sourcing

Question	A strong answer	A weak answer
1. Where does the data come from?	Named source types: the CMS NPI registry, CMS PECOS, state licensing boards, medical society rosters, licensed publication and event partners	"Proprietary sources", "public data", "millions of data points"
2. How many independent sources confirm each record?	Identity, specialty and location must agree across two or three named sources before a record is added	One directory listing, or no answer
3. Do you hold the data or resell someone else's file?	They compile and verify the data themselves and can re-check a record when it bounces	They license a file from a third party and pass it through

Follow-up probe: ask the vendor to walk you through how one specific record in your sample was built and verified. A real compiler can do this in minutes.

Accuracy and freshness

Question	A strong answer	A weak answer
4. How often is the full database re-verified?	Monthly against primary sources, with faster cycles for high-turnover roles such as executives and IT leaders	"Regularly", "continuously", "annually"
5. When was this specific record last verified?	A last-verified date is available per record	Only a database-wide refresh date
6. How do you remove retired, deactivated or excluded providers?	Automated checks against NPI deactivations and state board filings every cycle	Removal only when a customer reports a problem

Targeting

Question	A strong answer	A weak answer
7. How do you classify specialty?	Healthcare provider taxonomy codes, the national code set maintained by the NUCC ⁷	Job titles, self-reported specialty, keyword matching
8. Which filters can I use?	NPI, specialty and subspecialty, facility type, bed size, system affiliation, geography and technology in use	Title and state only
9. What happens when my filters return too few contacts?	They research and verify new records to fill the gap, and tell you	They quietly loosen your criteria

Guarantees, delivery and compliance

Question	A strong answer	A weak answer
10. What exactly does your deliverability guarantee cover?	A stated percentage on your delivered file, a defined claim window and 1:1 replacement of hard bounces	A database "average" with no remedy
11. Will you send a free custom sample built on my criteria?	Yes, at least 20 records matching your brief, before any payment	A generic file, or a sample only after a deposit

Question	A strong answer	A weak answer
12. How do you handle opt-outs, deletions and privacy rights?	A documented process with response times, and confirmation that no data comes from patient records	No written process

★ ASK IN WRITING, THEN COMPARE SIDE BY SIDE

Send the same twelve questions to every vendor in one email or RFP. Written answers are easier to compare, and vague answers are harder to hide behind in writing than on a call.

WORKSHEET • VENDOR ANSWER LOG

Record each vendor's answer to the questions that matter most to you.

1. Named sources the vendor listed:

2. Re-verification cycle, and the cycle for executives and IT roles:

3. How specialty is classified:

4. Exact guarantee wording, claim window and remedy:

5. Sample size offered, and whether payment is required first:

KEY TAKEAWAYS

- Ask the same twelve questions, in writing, to every vendor.
- Strong answers name sources, cycles and processes; weak answers use adjectives.
- Ask the vendor to show how one record in your sample was built and verified.

Reading Accuracy and Deliverability Guarantees

A guarantee is only as good as its fine print. Three words cause most of the confusion, *accuracy*, *deliverability* and *verified*, because they mean different things and vendors often use them interchangeably. This chapter turns marketing claims into contract terms.

IN THIS CHAPTER

- Three words, three different promises
- Turning claims into contract terms
- The anatomy of a strong guarantee
- The deduplication trap
- Sample contract language

Three words, three different promises

- **Deliverability** means an email address accepts mail and does not hard bounce. It says nothing about whether the right person is behind it.
- **Accuracy** means the record's details are correct: the right name, title, specialty, organization and address.
- **Verified** should mean the record was checked against a primary source within a stated window. Ask for the window.

A list can be 99% deliverable and still be badly inaccurate, for example if half the addresses reach mailboxes that now belong to someone else.

Turning claims into contract terms

The vendor says	Ask them	A strong answer looks like
"99% deliverable"	Is that a database average or a promise about my delivered file?	A promise about the file you receive, checked before delivery
"Bounce-back guarantee"	Replacement or credit? 1:1? Within what window?	1:1 replacement of every hard bounce at no extra cost
"95% accurate"	Accurate on which fields, measured how?	Named fields, measured against primary sources
"Updated regularly"	How often is each record re-checked?	Monthly, with faster cycles for high-turnover roles
"Verified contacts"	Verified against what, and when?	NPI registry, licensing board and affiliation sources, with dates
"Millions of contacts"	How many unique people after deduplication?	A deduplicated count reported separately from total records

The anatomy of a strong guarantee

- ☐ A stated deliverability percentage that applies to **your delivered file**
- ☐ A clear definition of a hard bounce (permanent failure), separate from soft bounces
- ☐ A claim window long enough to run your first sends, for example 30 to 60 days
- ☐ A remedy: 1:1 replacement with records that match your criteria, or a credit
- ☐ A turnaround time for replacements
- ☐ A process for feeding bounces back so the vendor re-checks the source record

▶ WHAT "99% DELIVERABLE" MEANS ON A 10,000-CONTACT FILE (ILLUSTRATIVE)

A 99% guarantee on a 10,000-contact file allows up to 100 hard bounces. If your first send produces 160 hard bounces, the vendor owes you at least 60 replacements under a "file-level" guarantee, or all 160 under a "replace every bounce" guarantee. Know which one you are buying before you sign.

The deduplication trap

A provider can appear on several lists at once: a cardiologist may sit on the cardiology, hospital staff and group practice lists. Ask for the *unique* count. MedicalProspects, for example, reports 15.17 million unique contacts separately from 50.12 million total records across its specialty lists (October 2026).

Sample contract language

Use language like this as a starting point with your own legal team.

DELIVERABILITY: Vendor warrants that at least 99% of email addresses in each delivered file will not hard bounce (permanent delivery failure) when first sent within 60 days of delivery.

REMEDY: Vendor will replace each hard-bounced record 1:1 with a verified record matching the original criteria within 5 business days of Customer's report, and will re-verify the source record.

FRESHNESS: Each delivered record will have been verified against primary sources within the 30 days before delivery. Vendor will provide the last-verified date for each record on request.

KEY TAKEAWAYS

- Deliverability, accuracy and verified are three different promises; get each in writing.
- A guarantee needs a percentage on your file, a bounce definition, a claim window and a remedy.
- Always ask for unique, deduplicated counts.

How to Run a Sample Test Before You Buy

A custom sample test takes about a week and tells you more than any sales call. Run the same test on every vendor so you compare like with like, and score the results before price enters the conversation.

IN THIS CHAPTER

- The seven steps
- What a passing sample looks like
- A one-week testing schedule

The seven steps

- 1. Write down your exact criteria first.** Specialty, role, geography, facility type, practice setting and any exclusions. Send the identical brief to every vendor.
- 2. Ask for a custom sample of at least 20 records.** It must match your brief, not be a generic file. MedicalProspects provides 20 custom sample contacts with no payment required.
- 3. Check every email with an independent verification tool.** Use the service your team already trusts. Record valid, invalid, catch-all and unknown results per vendor.
- 4. Check identity against the NPI registry.** For U.S. clinicians, look up each NPI or name in the free public NPI registry and confirm that specialty and practice location match.
- 5. Spot-check five records by hand.** Look at the practice website or hospital directory and the person's professional profile. Is the person still there, in that role?
- 6. Check fit against your criteria.** Count how many records actually match your brief. A sample full of near misses shows how the vendor will fill your full order.
- 7. Score and compare.** Enter the results into the scorecard in Chapter 7.

A one-week testing schedule

Day	What to do	Output
Monday	Send the identical brief to every shortlisted vendor	Brief sent, deadline set
Tuesday-Wednesday	Receive samples; run independent email verification	Valid/invalid/unknown counts
Wednesday	NPI registry lookups for clinical records	Identity and specialty match rate
Thursday	Manual spot-checks and fit-to-brief count	Spot-check results, fit rate
Friday	Score each vendor; ask follow-up questions on anything that failed	Completed scorecard

What a passing sample looks like

Check	Pass	Investigate
Independent email verification	Almost every address valid	Several invalid, or many "unknown"
NPI and specialty match	Specialty and location match the registry	Specialty differs, or the NPI is deactivated
Manual spot-check	Person still in role	Person left or retired
Fit to brief	Every record matches your criteria	Records outside your specialty or region

! CATCH-ALL RESULTS ARE NOT PASSES

Some email domains accept every address, so verification tools return "catch-all" or "unknown". Treat a sample with many catch-alls as unproven, not as clean.

▶ TWO VENDORS, ONE BRIEF (ILLUSTRATIVE)

A device company asks two vendors for 20 interventional cardiologists in five states. Vendor A returns 20 records: 19 verify, all 20 match the NPI registry's specialty, and 18 of 20 are confirmed in role. Vendor B returns 20 records: 16 verify, 4 are general cardiologists, and 2 NPIs are deactivated. Vendor B's lower price per contact disappears once you count usable records.

WORKSHEET • SAMPLE TEST LOG

Use one copy per vendor.

1. Records received, and how many match the brief:

2. Email verification: valid / invalid / catch-all / unknown:

3. NPI registry: matches / mismatches / deactivated:

4. Manual spot-check: confirmed in role, out of 5:

5. Questions to send back to the vendor:

KEY TAKEAWAYS

- Send one identical brief and test every vendor the same way.
- Use your own verification tool and the public NPI registry, not the vendor's report.
- A refusal to provide a custom sample is an answer.

Compliance Due Diligence for List Purchases

Buying professional contact data for B2B outreach is lawful in the U.S. when the data is sourced properly and your messages follow the rules. Compliance reviews stall on a few misunderstandings, so settle them early and give your reviewer what they need in one pass.

IN THIS CHAPTER

- HIPAA: what it does and doesn't cover
- Questions for your vendor
- The rules that do apply
- Your team's own checklist

I NOT LEGAL ADVICE

This chapter is general guidance. Rules change and vary by jurisdiction; have your counsel confirm what applies to your campaigns and markets.

HIPAA: what it does and doesn't cover

HIPAA protects patients' health information held by covered entities and their business associates. A physician's business email, practice address and specialty are professional contact details, not patient data. The real HIPAA question is where the data came from.

Data	Whose information	Is it protected health information?
A cardiologist's business email and practice address	The clinician's, as a professional	No
A physician's NPI, specialty and hospital affiliation	The clinician's, much of it published by CMS	No
A list of patients seen by that cardiologist	Patients'	Yes

Confirm in writing that your vendor never sources contacts from patient records, clinical systems or covered entities' patient data.

The rules that do apply

\$53,088

maximum penalty per email that violates CAN-SPAM

FTC⁸

10 days

to honor an opt-out (business days)

FTC⁸

0.3%

spam-rate ceiling Gmail sets for senders

Google sender guidelines⁶

4%

of worldwide turnover, the GDPR maximum fine (or €20M if higher)

GDPR Art. 83⁹

Rule	Where	What it means for your outreach
CAN-SPAM Act	United States	Accurate headers and subject lines, a physical postal address, and a working opt-out honored within 10 business days that keeps working for 30 days after sending ⁸
Gmail and Yahoo sender rules	Major mailbox providers	Authentication (SPF, DKIM, DMARC), one-click unsubscribe and low complaint rates; stricter rules above 5,000 messages a day to Gmail ⁶
CCPA / CPRA	California	Business contact data has been fully covered since January 1, 2023: honor access, deletion and opt-out requests ¹⁰
GDPR and UK GDPR	EU and UK	A lawful basis (usually legitimate interests), a notice telling people where you got their data, and rights requests answered within one month

Rule	Where	What it means for your outreach
ePrivacy rules and PECR	EU and UK	Some countries require prior consent for B2B email; check each target market
CASL	Canada	Consent is required; implied consent can apply when a published business address relates to the person's role

Questions for your vendor

- ☐ Are all sources professional and public, or licensed? Is any data drawn from patient records?
- ☐ How do you process opt-out and deletion requests, and how fast?
- ☐ What lawful basis do you rely on for EU and UK contacts?
- ☐ How is data stored and transferred (encryption in transit and at rest)?
- ☐ Can you document the source of a specific record if a contact asks?

Your team's own checklist

- ☐ One master suppression list shared by every tool, agency and campaign
- ☐ A short notice in first-touch emails explaining where you found the contact's details
- ☐ Your real company name and a sending domain you own
- ☐ Subject lines that match the content
- ☐ SPF, DKIM and DMARC set up before the first send

★ GIVE YOUR REVIEWER A ONE-PAGE SUMMARY

Send legal the vendor's sourcing statement, the guarantee, the privacy process and your email template in one package. Most compliance delays come from reviewers chasing these pieces one at a time.

KEY TAKEAWAYS

- For B2B outreach, the question is lawful sourcing and compliant messaging, not HIPAA.
- CAN-SPAM penalties apply per email, so build the rules into your templates.
- California treats business contacts like consumers; plan for rights requests.

Red Flags and Misleading Claims

Most bad list purchases show warning signs before payment. Walk away, or ask much harder questions, if you see any of these. Each one comes with a question that brings the problem into the open.

IN THIS CHAPTER

- Protect yourself from impersonators

Red flag	Why it matters	The question that exposes it
Prices that look too good to be true	Verifying healthcare data costs money; very cheap lists are usually scraped or never re-checked	"What does your verification process cost you per record, and how often do you run it?"
No custom sample	You cannot test fit or quality	"Can you send 20 records matching this brief before we talk price?"
Vague sourcing	No way to judge freshness or legality	"Which named registries and boards do you match against?"
Count inflation	Totals quoted as unique people, or niches larger than the profession	"How many unique people match my criteria after deduplication?"
A guarantee with no remedy	A percentage you cannot enforce	"What happens, and how fast, when a record bounces?"
Title-based specialty	Generalists mixed into specialist lists	"Is specialty based on taxonomy codes or job titles?"

Red flag	Why it matters	The question that exposes it
Pressure to buy today	Discourages the sample test	"Will the price hold for one week while we test a sample?"
Lookalike domains	Impersonation and fraud risk	"Can you confirm this offer from your official domain?"

▶ SPOTTING COUNT INFLATION

The AAMC counts 1,032,365 active physicians in the United States across every specialty.² A vendor offering "2 million active U.S. physicians" is either counting total records, including duplicates and non-physicians, or counting people who no longer practice. Ask which.

Protect yourself from impersonators

As data brands grow, lookalike domains appear, for example .net, .co or .in versions of a real brand. Before you share business details or make a payment, confirm that the website and every email address use the vendor's official domain. MedicalProspects operates only at **medicalprospects.com**, and official emails always end in **@medicalprospects.com**. If in doubt, verify through the official contact page.

KEY TAKEAWAYS

- Every red flag has a question that brings it into the open; ask it.
- Compare claimed counts with public totals such as the AAMC physician count.
- Verify domains before you share details or pay.

The Vendor Scorecard and RFP Template

A weighted scorecard turns a week of testing into a decision you can defend. Score each vendor from 1 (weak) to 5 (strong) on every criterion, multiply by the weight and add up the results. The maximum is 500.

IN THIS CHAPTER

- Weighted vendor scorecard
- Price per usable contact, not price per contact
- A worked example (illustrative)
- RFP template

The weights favour what predicts campaign results: proven sample quality, named sources and freshness. Price matters, but only once quality is equal.

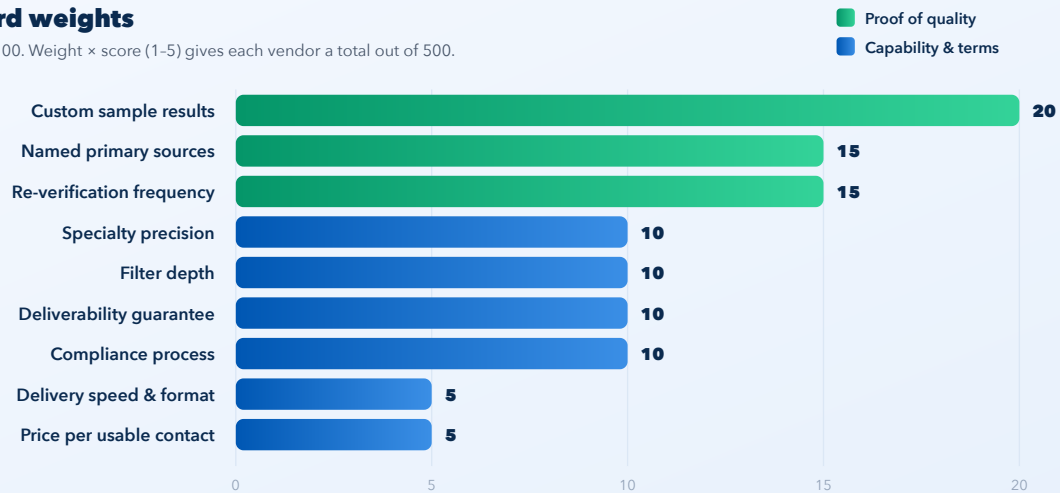
Weighted vendor scorecard

Criterion	Weight	What earns a 5	Vendor A	Vendor B	Vendor C
Custom sample results	20	Sample passes every check in Chapter 4			
Named primary sources (NPI, licensing boards, PECOS)	15	Multiple named sources cross-matched per record			
Re-verification frequency	15	Monthly, with faster cycles for high-turnover roles			

Criterion	Weight	What earns a 5	Vendor A	Vendor B	Vendor C
Specialty precision (taxonomy-based)	10	Taxonomy codes and NPI on every clinical record			
Filter depth	10	Specialty, facility, bed size, affiliation, technology			
Deliverability guarantee	10	Stated % on your file, 1:1 replacement			
Compliance process	10	Documented opt-out, deletion and GDPR handling			
Delivery speed and format	5	24–48 hours, CRM-ready fields			
Price per usable contact	5	Competitive after adjusting for sample results			
Total (out of 500)	100				

Scorecard weights

Points out of 100. Weight × score (1–5) gives each vendor a total out of 500.



Scorecard weights: sample results carry the most weight, followed by sources and re-verification

A worked example (illustrative)

Criterion (weight)	Vendor A	Vendor B	Vendor C
Sample results (20)	5 → 100	3 → 60	2 → 40
Named sources (15)	5 → 75	3 → 45	2 → 30

Criterion (weight)	Vendor A	Vendor B	Vendor C
Re-verification (15)	5 → 75	3 → 45	2 → 30
Specialty precision (10)	5 → 50	4 → 40	2 → 20
Filter depth (10)	4 → 40	4 → 40	3 → 30
Guarantee (10)	5 → 50	3 → 30	2 → 20
Compliance (10)	5 → 50	4 → 40	3 → 30
Delivery (5)	4 → 20	4 → 20	5 → 25
Price per usable contact (5)	4 → 20	3 → 15	5 → 25
Total	480	335	250

Vendor C has the lowest list price, but the lowest score: its sample failed most checks, so its real cost per usable contact is the highest.

Price per usable contact, not price per contact

▶ THE CHEAPER LIST THAT COSTS MORE (ILLUSTRATIVE)

Vendor C charges \$0.30 per contact; Vendor A charges \$0.45. In the sample test, 60% of Vendor C's records were usable against 95% of Vendor A's. Per usable contact, Vendor C costs \$0.50 and Vendor A costs about \$0.47, before counting the deliverability damage of Vendor C's bounces.

RFP template

Copy this into your request for proposal and send the same version to every vendor.

HEALTHCARE CONTACT DATA RFP: [Your Company]

1. CAMPAIGN OVERVIEW

Objective: [demo bookings / event promotion / recruitment / product launch]

Channels: [email / direct mail / phone / LinkedIn]

Launch date: [date]

2. TARGET AUDIENCE

Specialties or roles: [list, with taxonomy codes if known]

Facility types and size: [e.g., hospitals with 200+ beds, ASCs, group practices]

Geography: [states, regions, countries]

Exclusions: [current customers, competitors, suppression file attached]

Estimated volume needed: [number]

3. REQUIRED FIELDS

☐ Verified business email ☐ Direct dial ☐ Mailing address
☐ NPI number ☐ Specialty ☐ Health system affiliation

4. QUESTIONS FOR THE VENDOR

1. List the named sources used to build and verify these records.
2. How often is each record re-verified? Show the last-verified date format.
3. State your deliverability guarantee for our delivered file and the remedy.
4. Provide unique (deduplicated) counts for our criteria.
5. Describe your opt-out, deletion and GDPR/CCPA processes.

5. SAMPLE REQUEST

Please provide a free custom sample of at least 20 records matching section 2.

6. PRICING

Quote total cost, cost per contact, licence terms and refresh options.

KEY TAKEAWAYS

- Weight the scorecard toward sample quality, sources and freshness.
- Compare price per usable contact, not price per contact.
- Send one identical RFP so answers can be compared line by line.

Your First 30 Days With a New List

The value of a list is decided in the month after delivery. Load it carefully, protect your sending reputation, use the guarantee you negotiated, and measure the data before you scale.

IN THIS CHAPTER

- Week 1: Load, suppress and deduplicate
- Week 2: Start small and warm up
- Week 3: Claim and feed back
- Week 4: Measure the data, not just the campaign

Week 1: Load, suppress and deduplicate

- Import every field you will segment on: specialty, role, facility type, NPI and health system.
- Deduplicate against your CRM on NPI for clinicians, not on name.
- Suppress current customers, open opportunities, competitors and every past opt-out.
- Record the delivery date; your guarantee's claim window starts now.

Week 2: Start small and warm up

- Send first to your best-fit segment, in modest daily volumes.
- Confirm SPF, DKIM and DMARC are in place, and add one-click unsubscribe to marketing emails.
- Watch complaint rates closely: Gmail asks senders to stay below 0.3%, ideally below 0.10%.⁶

Week 3: Claim and feed back

- Export every hard bounce and "no longer here" reply.
- Send them to the vendor within the claim window for 1:1 replacement.
- Ask the vendor to confirm that the source records were re-checked, not just replaced.

Week 4: Measure the data, not just the campaign

Metric	Why it matters	Healthy sign
Hard bounce rate by segment	Shows data quality and protects reputation	Low and steady across segments
"No longer here" replies	Silent decay the bounce rate misses	Rare, and falling after replacements
Positive reply rate by segment	Shows targeting and message fit	Highest in your core segments
Replacement turnaround	Tests the vendor's guarantee in practice	Within the agreed time

★ KEEP A DATA-QUALITY LOG

Log bounce, wrong-person and replacement results for every list you buy. After two or three purchases the log becomes your strongest negotiating tool, and the fastest way to spot a vendor whose quality is slipping.

KEY TAKEAWAYS

- Deduplicate on NPI and suppress before the first send.
- Ramp volume gradually and watch complaint rates.
- Use the guarantee: claim every hard bounce within the window and ask for source re-checks.

CONCLUSION



Buy Proof, Not Promises

The best healthcare email list is the one that has passed your own tests. Ask the twelve questions, turn guarantees into contract terms, run the sample test, clear compliance early, score every vendor the same way and measure the data in your first thirty days.

IN THIS CHAPTER

- How MedicalProspects measures up
- Run the test on us

How MedicalProspects measures up

We wrote this playbook because we want buyers to test us this hard. Here is how we answer the checklist:

Checklist item	MedicalProspects
Named primary sources	CMS NPI registry, CMS PECOS, state licensing boards, medical society rosters and 120+ verified source channels
Cross-source matching	Clinical records matched across the NPI registry, state board and credentialing sources
Re-verification	Monthly for the full database; every 60 days for executives, IT leaders and pharma field teams
Specialty precision	NUCC healthcare provider taxonomy codes, with NPI available on U.S. clinical records
Unique counts	15.17M unique contacts and 50.12M total records reported separately (October 2026)
Guarantee	99% deliverability on your delivered file, with 1:1 hard-bounce replacement
Sample	20 free custom contacts built on your criteria, no payment required

Checklist item	MedicalProspects
Filters	80+ audience filters, including facility type, bed size, affiliation and technology used
Delivery	24-48 hours
Compliance	CAN-SPAM, GDPR and CCPA processes; no patient data; deletion requests via privacy@medicalprospects.com

Run the test on us

Send us your exact targeting brief and we will build your 20-contact custom sample. Check it with your own verification tools, compare it with any other vendor and score it with the scorecard in Chapter 7.

Request your free sample at medicalprospects.com or email sales@medicalprospects.com.



The One-Page Buyer's Checklist

Use this page in every evaluation. Every item links back to the chapter that explains it.

Before you contact vendors

- ☐ Write the targeting brief: specialties, roles, facilities, geography, exclusions (Chapter 4)
- ☐ Agree internally on the scorecard weights (Chapter 7)

During evaluation

- ☐ Send the same twelve questions and RFP to every vendor (Chapters 2 and 7)
- ☐ Get the guarantee's percentage, bounce definition, window and remedy in writing (Chapter 3)
- ☐ Ask for unique, deduplicated counts (Chapter 3)
- ☐ Run the one-week sample test with your own tools (Chapter 4)
- ☐ Clear sourcing, privacy and email rules with your reviewer (Chapter 5)
- ☐ Check every red flag (Chapter 6)

After purchase

- ☐ Deduplicate on NPI and suppress before sending (Chapter 8)
- ☐ Ramp volume and watch complaint rates (Chapter 8)
- ☐ Claim every hard bounce within the window (Chapter 8)
- ☐ Log data quality for the next purchase (Chapter 8)

APPENDIX B



Glossary

These are the terms you will meet most often when buying healthcare contact data.

Term	Meaning
NPI	National Provider Identifier: the unique 10-digit number CMS assigns to U.S. health care providers
NPES	National Plan and Provider Enumeration System: the CMS system that issues NPIs and publishes the NPI registry
Taxonomy code	A 10-character code from the NUCC Health Care Provider Taxonomy that classifies a provider's type and specialty
PECOS	CMS's Medicare enrollment system, useful for practice locations and group affiliations
Hard bounce	A permanent delivery failure, such as an address that does not exist
Soft bounce	A temporary failure, such as a full mailbox
Catch-all domain	A domain that accepts mail for any address, so verification cannot confirm the mailbox
Deliverability	The share of addresses that accept mail without a hard bounce
Accuracy	Whether a record's name, title, specialty, organization and address are correct
Unique count	The number of distinct people after removing duplicates across lists
Suppression list	Contacts you must not email, such as opt-outs and current customers
Legitimate interests	A GDPR lawful basis often used for relevant B2B outreach
Protected health information	Patient health information protected by HIPAA; professional contact details are not PHI

REFERENCE

Sources

1. American Hospital Association, Fast Facts on U.S. Hospitals, 2026 (2024 AHA Annual Survey).
<https://www.aha.org/statistics/fast-facts-us-hospitals>
2. Association of American Medical Colleges, 2025 key findings, U.S. Physician Workforce Data Dashboard.
<https://www.aamc.org/data-reports/data/2025-key-findings>
3. Brown University CODIAC, analysis of the NPPES full file (records through April 12, 2026).
<https://docs.bcbi.brown.edu/codiac-for-health/ursa-ri/datasets/national-plan-and-provider-enumeration-system-nppes/dataset-demographics>
4. Physicians Advocacy Institute and Avalere Health, Physician Employment and Practice Ownership Trends 2019-2023.
<https://physiciansadvocacyinstitute.org/PAI-Research/PAI-Avalere-Study-on-Physician-Employment-Practice-Ownership-Trends-2019-2023>
5. 45 CFR 162.410(a)(4), requirements for covered health care providers. <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-162/subpart-D/section-162.410>
6. Google Workspace Admin Help, Email sender guidelines. <https://support.google.com/a/answer/81126>
7. National Uniform Claim Committee, Health Care Provider Taxonomy code set. <https://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40>
8. Federal Trade Commission, CAN-SPAM Act: A Compliance Guide for Business. <https://www.ftc.gov/business-guidance/resources/can-spam-act-compliance-guide-business>
9. General Data Protection Regulation, Article 83(5). <https://gdpr-info.eu/art-83-gdpr/>
10. Morgan Lewis, California Consumer Privacy Act employee and B2B exemptions expire January 1, 2023.
<https://www.morganlewis.com/pubs/2022/10/california-consumer-privacy-act-employee-and-b2b-exemptions-expire-january-1-2023>

ABOUT THE AUTHOR



John Britton

VP of Marketing, MedicalProspects

John works with healthcare sales and marketing teams on precision targeting, campaign strategy, and audience intelligence solutions at MedicalProspects.

ABOUT MEDICALPROSPECTS

MedicalProspects provides verified healthcare contact data for B2B marketing and sales teams: 425+ specialty, role and facility lists anchored to NPI and NUCC taxonomy data, re-verified monthly, with technology and buying-intent intelligence available on every audience. Teams use it to reach physicians, nurses, hospital executives, IT leaders, life sciences and payer decision-makers.

Get 20 free sample contacts built on your criteria.

medicalprospects.com · sales@medicalprospects.com



NEXT STEP

See the difference verified data makes

Get 20 free sample contacts built on your exact targeting criteria. Check them with your own tools before you buy anything.

15.17M+

unique verified healthcare contacts

425+

specialty, role and facility lists

99%

deliverability guarantee, 1:1 bounce replacement

24-48h

delivery, re-verified monthly

Request your free sample at **medicalprospects.com**

eBook 01 • MedicalProspects GTM Library

sales@medicalprospects.com • +1 727-617-0017 • 7901 4th St N, Ste 300, St. Petersburg, FL 33702

© 2026 MedicalProspects, a DataInfoMetrix company. For B2B professional outreach only.