

7500 Grand Ave, Suite 200 Gurnee, Illinois 60031

Toll Free: 1-888-545-5222 Phone: 847-775-1970 Fax: 847-775-1985 reception@aaaasf.org www.aaaasf.org

AAAASF OPT ACCREDITATION APPLICATION

An Outpatient Physical Therapy Program deemed by Medicare

Application will not be processed if failed to complete in its entirety

Date: / / /	
(The Administrator will be the person	
· _	1 5 /
):
Telephone:	
	~ ~ ~
Contact Telephone:	Contact Email:
* y yes, piease list all extension siles Name	s below (Additional entries can be submitted on a separate page): Address

Are these the only providers on the premises?	Yes No
Are mese the only providers on the premises:	103 110

Please submit the following completed documentation with this application:

- Floor plan of each site (primary and all extensions)
- Copy of professional state license for each practitioner on staff
- O Authorization to Release form signed by each practitioner on staff
- 0 HIPAA Business Associate Agreement
- 0 Clinic Identification Form
- Staff Identification Form
- 0 Clinic Administrator's Attestation Form
- 0 AAAASF Medicare RA/OPT Accreditation Agreement
- Proof that your 855A has been processed by the Carrier
- Clinic Administrator's professional license or resume
- Ten random unique patient charts are available for review at the Primary as well as the Extension(s)

Number of FTE	Annual Fee
Up to 5.0	\$1020
5.1 to 10.0	\$2040
10.1 and over	\$3060
FTE = Full Time Employees	1 0
	r more, or any combination of
part-time practitioners equiva	lent to 40 hours per week are
counted as one FTE. Any frac	ction of FTE will count toward
establishing a proper fee.	
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Facilities may not request an	expedite survey. Surveys are

(*10% Discount for NARA members on annual fee; must show proof of membership upon submission of application.) The on-site inspection fee is \$1,400 (due at application and every three years thereafter)

Annual Fee: _____(deduct 10% if NARA member) = \$_____(total annual fee) +

\$1,400 (inspection fee) = \$_____(total amount of payment) *Primary & all extension sites must be inspected.*

If additional days and/or surveyors are necessary to complete the inspections, you will be invoiced \$1,400 per day, per

surveyor.

Payment by credit card

You may submit your application via email to <u>reception@aaaasf.org</u> or via fax to 847-775-1985. If you prefer, you may pay with a credit card over the phone by calling the accounting department directly at 888-545-5222.

American Express
EXP. DATE:
OR

Payment by check

Submit completed application with supporting documentation and check made out to AAAASF.

AAAASF Office 7500 Grand Ave, Suite 200 Gurnee, IL 60031

Fee and refund policy:

The first-year accreditation annual fee plus initial survey fee is due with each accreditation application. Additional fees will apply if special survey requests are made or for those facilities located outside the continental USA. After an application has been submitted and processed, AAAASF will refund 50% of the annual fee and 100% of the survey fee if the facility has not been surveyed. If the facility was surveyed, only 50% of the annual fee will be refunded. If the accreditation process is not completed within one year of the received date, a new application and appropriate fee is required. No refunds will be invoiced 6 months prior to the anniversary date. Fees must be paid by the due date on the invoice for the accreditation process to begin. Otherwise, late fees will be applied and other penalties will follow.