



7500 Grand Ave, Suite 200
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AAAASF Medicare OPT/RA Accreditation Agreement

THE AAAASF MEDICARE OPT/RA ACCREDITATION PROGRAM IS OFFERED IN MINIMUM THREE-YEAR TIME PERIODS. ACCORDINGLY, THE FOLLOWING AGREEMENT MUST BE COUNTER SIGNED, DATED, AND RETAINED IN THE FACILITY'S FILE AT AAAASF. NO MEDICARE ACCREDITATION APPROVAL WILL BE GRANTED WITHOUT THIS COMPLETED AGREEMENT.

This Accreditation Agreement is made and entered into this ____ day of ____, 2020 by and between The American Association for Accreditation of Ambulatory Surgery Facilities, Inc., an Illinois not-for-profit corporation with its principal place of business at 7500 Grand Ave, Suite 200, Gurnee, Illinois 60031 ("AAAASF") and the _____ Outpatient Physical Therapy Rehabilitation Agency, a _____ corporation with its principal place of business at _____ (the "Facility") and with the following extension sites located at _____, _____, _____, _____ (if more space is needed, please list any additional extension sites on a separate page and attach page to this agreement.) Please indicate if there are no extension sites here: _____

WITNESS:

Whereas, the Facility has submitted an application in the form attached hereto as Exhibit A to seek accreditation by AAAASF as a Medicare approved outpatient physical therapy rehabilitation facility;

Whereas, as part of the application process Facility must demonstrate to AAAASF that it meets each of the AAAASF Standards for Accreditation as an outpatient physical therapy rehabilitation facility as set forth in Exhibit B;

Whereas, the parties wish to set forth their understanding with respect to the accreditation application and review process and the term of the facility's accreditation;

Now therefore, in consideration of the premises and mutual covenants contained herein, the parties agree as follows:

1. Review. AAAASF agrees to promptly review and consider the Facility's application for accreditation to determine if the Facility meets each of the standards for accreditation of outpatient physical therapy rehabilitation facilities adopted by AAAASF.

2. Term of Accreditation. If Facility meets each of AAAASF's accreditation standards, AAAASF agrees to grant the Facility accreditation as a Medicare outpatient physical therapy rehabilitation facility for a term of three (3) years.

3. Compensation. In consideration for AAAASF reviewing and processing its application for accreditation, the Facility agrees to pay to AAAASF an accreditation fee in the amount of \$_____ and an inspection fee in the amount of \$_____. (See fee information).

4. Revocation of Accreditation. The accreditation of the Facility may be revoked by AAAASF pursuant to AAAASF's procedures for revocation of accreditation if the Facility fails to satisfy any of the AAAASF standards for accreditation of outpatient physical therapy rehabilitation facilities during the three (3) year term of its accreditation.

5. Warranty. AAAASF warrants that the accreditation services that it provides will be provided with reasonable care consistent with generally accepted practices in the accreditation field.

6. Confidentiality. Neither Facility nor AAAASF shall during the term of this Agreement or thereafter, without the other party's prior written consent, disclose to others or use or allow others to use any propriety or any confidential information of the other.

7. Independent Contractors. AAAASF and the Facility agree that the relationship created by this Agreement is an independent contractor relationship and nothing contained in this Agreement shall be deemed to constitute either as an agent or representative of the other for any purpose.

8. Assignment. The rights and obligations arising under this Agreement may not be assigned by either party without the express written consent of the other party.

9. Notice. All notices, requests, demands and other communications hereunder shall be in writing and shall be duly given to either party, (a) upon delivery to the address of such party specified below if delivered in person or by courier; (b) delivery into the United States Mail by certified or registered mail, return receipt requested, postage prepaid; or (c) upon dispatch if transmitted by telecopy or other means of facsimile, to the following addresses or telecopy numbers as the case may be:

If to the Association:

American Association for Accreditation of Ambulatory Surgery Facilities, Inc.
7500 Grand Ave, Suite 200
Gurnee, Illinois 60031

ATTN: Jeanne Henry, Deputy Executive Director

Facsimile: 847-775-1985

If to the Facility:

Facsimile: _____

The parties may change the foregoing addresses and facsimile numbers through written notice to the other party as provided herein.

10. Waiver. A party may waive its rights under this Agreement only in writing. Any waiver by either party of its rights under this Agreement shall not constitute a waiver of any other rights hereunder.

11. Complete Agreement. This Agreement together with Exhibits A and B which are incorporated herein by reference, set forth all of the understandings of the parties with respect to the subject matter hereof, supersedes any prior, oral or written understandings and may not be altered, modified, or amended except by a written instrument signed by both parties.

12. Governing Law. This Agreement shall be construed and enforced under the laws of the State of Illinois.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the day and year first above written.

AMERICAN ASSOCIATION FOR ACCREDITATION OF
AMBULATORY SURGERY FACILITIES, INC.

By: 

Deputy Executive Director

By: _____

Its: Facility Director/Principle Administrator