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AAAASF RHC ACCREDITATION APPLICATION

A Rural Health Clinic Accreditation Program developed by AAAASF

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

Date: _____

Clinic Medical Director: _____ Clinic NPI#: _____

Medical Director's E-mail address: _____

Clinic Name: _____

DBA Clinic Name: _____

Clinic Manager: _____

Address: _____

City, State Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Business Hours of Operation: _____

Clinical Hours of Operation: _____

Clinic State License (if applicable): _____

Pharmacy License (if applicable): _____ CLIA (if applicable): _____

List Owners Name, Address for each owner:

_____	_____
_____	_____
_____	_____

(Submit additional entries on a separate page)

Name of Fiscal Intermediary: _____

Fiscal Year End Date: _____ Incorporation Date: _____

Authorized Official for the Organization: Name: _____

Title: _____

List all staff physicians, P.A., certified nurse mid-wives and nurse practitioners currently employed:

Name:

FTE#:

_____	_____
_____	_____
_____	_____
_____	_____

(Submit additional entries on a separate page)

FTE Total: _____

Additionally, please submit the following documents by mail or fax:

- Floor plan of clinic
- Copy of professional licenses for each physician and midlevel practitioners
- HIPAA Business Agreement (download from the web site)
- Clinic Identification Form
- Clinician Identification Form
- Clinic Director Attestation (download from the web site)
- Authorization to Release Form for each physician, P.A. and practitioner (download from the web site)
- Proof that your 855 Application has been processed by the Carrier
- 30 Day Schedule for each Physician, PA, Nurse Midwife and/or Nurse Practitioner
- Validation of current Health Professional Shortage Area Designation (HPSA) or Medically Underserved Area (MUA) letter or web posting
- Validation of non-urbanized area by the U.S. Census Bureau
- Clinic State License Certificate (if in a state that requires licensure)
- AAAASF Medicare RHC Accreditation Agreement

ANNUAL FEES FOR MEDICARE ACCREDITATION Rural Health Clinics	
Number of FTE	Annual Fee
Up to 2.0	\$1690
2.1 to 4.0	\$2140
4.1 and over	\$4080
FTE = Full Time Employees providing care. Practitioners working 40 hours per week or more, or any combination of part-time practitioners equivalent to 40 hours per week are counted as one FTE. Any fraction of FTE will count toward establishing a proper fee.	
Facilities may not request an expedite survey. Surveys are unannounced.	
Annual fee and survey fees are subject to change	

(*10% Discount for NARHC 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 NARHC 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 reception@aaaasf.org 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.

Check type of credit card: Visa MasterCard American Express

NAME ON CARD: _____

CARD#: _____

BILLING ZIP CODE: _____ THREE-DIGIT CODE: _____ EXP. DATE: _____ SIGNATURE: _____

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 issued if the application expires. Upon receiving accreditation and once an anniversary date is established, the facility 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.