

AAAASF RHC Accreditation Application
 A Rural Health Clinic Accreditation Program deemed by Medicare.

AAAASF will not process incomplete applications or applications without payment. They will be returned to the facility for completion.

Date:

Clinic Medical Director: Clinic NPI#:

Medical Director’s email 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 name and 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, physician assistants, certified nurse mid-wives, and nurse practitioners currently employed:

Name: FTE#:

(Submit additional entries on a separate p a g e)

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 practitioner.
* HIPAA Business Agreement (download from aaaasf.org)
* Clinic Identification Form
* Clinician Identification Form
* Clinic Director Attestation (download from aaaasf.org)
* Proof that your 855 Application has been processed by the Carrier.
* 30 Day Schedule for each Physician, Physician Assistant, Nurse Midwife, and 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

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| **ANNUAL FEES FOR MEDICARE ACCREDITATION****Rural Health Clinics** |
| **Number of FTE** | **Annual Fee** |
| **Up to 2.0** | **$1,859** |
| **2.1 to 4.0** | **$2,354** |
| **4.1 and over** | **$4,488** |
| 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 submit proof of membership upon submission of application.)*

The on-site inspection fee is $1,540 (due at application and every three years thereafter)

Annual Fee: - (deduct 10% if NARHC member) = $ (total annual fee) +

$1,540 (inspection fee) = $ (total amount of payment)

*If additional days and/or surveyors are necessary to complete the inspections, you will be invoiced $1,540 per day per surveyor.*

Payment and Billing

AAAASF will not process applications without payment. Provide your billing contact below for any questions regarding your facility’s payment.

Billing Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Payment by credit card

You may submit your application via email to info@aaaasf.org or if you prefer, you may pay with a credit card over the phone. A member of our accounting department will contact you at the number above.

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Credit card type: | Visa | MasterCard | American Express | Discover |
| Name on card: |  |  | Card #: |  |

Billing zip code: Three-digit code: Exp. Date: Signature:

# Payment by check

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

AAAASF

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.*