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AAAASF OPT Accreditation Application

An Outpatient Physical Therapy Program deemed by Medicare.

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

Date: _____/_____/_____

Administrator: _____

License#: _____

(The Administrator will be the person responsible for the accreditation)

Clinic Administrator's E-mail address: _____

Clinic Name: _____

Clinic State License # *(if applicable)*: _____

Address (Primary Site): _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Website: _____

Contact Person: _____

Contact Telephone: _____ Contact Email: _____

Do you have extension sites: Yes No

** if yes, please list all extension sites below (Additional entries can be submitted on a separate page):*

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List Owners as listed on the 855 application *(Additional entries can be submitted on a separate page):*

Name	Address
_____	_____
_____	_____
_____	_____

List all qualified practitioners employed and indicate the number of hours worked per week.
(Additional entries can be submitted on a separate page):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are these the only providers on the premises? Yes No

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
- HIPAA Business Associate Agreement
- Clinic Identification Form
- Staff Identification Form
- Clinic Administrator’s Attestation Form
- 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)

ANNUAL FEES FOR MEDICARE ACCREDITATION Outpatient Physical Therapy	
Number of FTE	Annual Fee
Up to 5.0	\$1,122
5.1 to 10.0	\$2,244
10.1 and over	\$3,366
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.	

