



7500 Grand Ave, Suite 200  
Gurnee, Illinois 60031

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Phone: 847-775-1970  
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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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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: www. \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Do you have extension sites: \*Yes or 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
- Authorization to Release form signed by 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
- Five 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
<b>Up to 5.0</b>	<b>\$1020</b>
<b>5.1 to 10.0</b>	<b>\$2040</b>
<b>10.1 and over</b>	<b>\$3060</b>
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 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 [reception@aaaasf.org](mailto: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#: \_\_\_\_\_

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.*