



600 Central Ave. Ste 265 | Highland Park, IL 60035
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RHC Clinic Identification Form

Clinic Identification Number

Name of Clinic

Name of Clinic Medical Director
(must be at a minimum a medical staff)

Email

Address

Suite

City

State

Zip

Phone

Fax

Website

Billing Email

Name of Clinic Owner, Controlling Stockholder and/or Beneficial Ownership *(List additional names on separate sheet)*

Clinic State Licensure (If Applicable)

Date

For New Applicants Only:

- Not Previously Accredited by Other Accrediting Organization
- Previously Accredited by Other Accrediting Organization

Name(s) of Other Organization: _____

Initial Survey Date _____ **Class** _____

Last Re-Survey Date _____ **Class** _____

X

Clinic Administrator's Signature

Date