



7500 Grand Ave, Ste 200 | Gurnee, IL 60031
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info@QuadA.org

QUAD A OPT Accreditation Application

An Outpatient Physical Therapy Program deemed by Medicare.

QUAD A 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
- QUADA* 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.	

(*10% Discount for NARA and ADVION 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 NARA/ADVION member) = \$ _____ (total annual fee) + \$1,540 (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 \$1,540 per day, per surveyor.*

Payment and Billing

QUAD A 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@QuadA.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.

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 QUAD A.

QUAD A
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, QUAD A 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.