



600 Central Ave. Ste 265 | Highland Park, IL 60035  
(direct) 847.775.1970 | (fax) 847.775.1985  
info@QuadA.org

## OPT Accreditation Application

An Outpatient Physical Therapy Program deemed by Medicare.

Facilities wishing to apply for QUAD A accreditation should go to <https://portal.quada.org/> to complete the application and upload necessary documents. 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

The following documentation must be uploaded along with the completed application.

- Floor plan of each site (primary and all extensions)
- Copy of professional state license for each practitioner on staff
- HIPAA Business Associate Agreement
- QUAD A 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)

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

**Online Payment**

All accreditation and survey fees will be due before the accreditation process can continue. Payment can be made online through the QUAD A Portal at <https://portal.quada.org>.

***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.*