

AMERICAN ACADEMY OF URGENT CARE MEDICINE
URGENT CARE CENTER ACCREDITATION



Please complete and return the Application for Accreditation with applicable application fee (see fee schedule on last page) to the American Academy of Urgent Care Medicine (AAUCM). Retain a copy of the completed document for your files.

Legal Name of Practice _____

If the center has a “dba” or is known to the public or patients by a different name than the legal name, indicate the dba here. If none, write N/A.

Medical Director (M.D./D.O.) _____
Name

Is the Medical Director a member of the AAUCM? Yes No

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Web Address _____

Practice Administrator/Manager) _____
Name Title

Survey Contact Person _____
Name Title

Contact Email Address _____ Contact Phone Number _____

If your Urgent Care center is a subunit of a larger organization, or if it is owned, operated, or managed by, or affiliated with another organization, indicate the name and address of the organization

Please indicate which of the following best describes your facility type (please select one):

Urgent Care Center Other _____
 Occupational Health Center
 Community Health Center
 Student Health Center

Indicate below the scope of medicine practiced (please check all that apply);

Urgent Care Medicine Sports Medicine
 Family Practice Emergency Medicine
 Occupational Medicine Other _____
 Pediatrics

1. List all center locations

| Main Site | Street Address & City | # of Providers | Date Opened (month/year) |
|-----------|-----------------------|----------------|--------------------------|
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Additional Locations (if none, write N/A)

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2. List, by specialty:

(a) the number of full-time providers

(b) the number of part-time providers

(c) the full-time equivalents (FTEs) of part-time providers who are engaged in providing services at all locations. If more lines are needed, photocopy this page or provide a staff roster with the information requested.

| Specialty | (a) Number Full-Time | (b) Number Part-Time | (c) FTEs | Total |
|--------------|----------------------|----------------------|----------|-------|
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| | | | | |
| | | | | |
| Total | | | | |

3. If the center is not yet operational, indicate the anticipated date services will begin (month /year) _____

4. Medicare provider number _____

5. Other Medicare Certifications Yes No

If Yes, please specify) _____

6. Are diagnostic imaging services provided? Yes No

If Yes, specify type: X ray CT MRI US Other _____

7. Does the center provide occupational health services on a regular basis for employees, employers and workers' compensation carriers? Yes No

8. Does the center provide medical care of an urgent nature as the primary focus of its mission? Yes No

9. Are there any other special services the center provides that should be considered in planning the survey? Yes No

If Yes, explain _____

10. Has your center ever been previously accredited? Yes No

If Yes, please specify the name of the accrediting organization and the dates of Accreditation:

11. Is there any physician/practitioner currently in your center whose license has been suspended, revoked or voluntarily surrendered?

Yes No

12. Is there any physician/practitioner in your center whose license is currently under review by the state medical board?

Yes No

13. Has your center placed any limitations or conditions on any practitioner's privileges? Yes No

14. Are there any litigation/malpractice cases currently pending or settled within the past five years against the center and/or a physician/practitioner? Yes No

15. Has the center had any unfair labor practice filings or any other litigation involving the center or its officers?

Yes No

16. Does the center have a written policy regarding the manner in which you handle non-English speaking patients?

Yes No

17. Do you utilize any translation services for non-English speaking patients?

Yes No

If Yes, what service us utilized? _____

18. Do you have Policy & Procedures manual?

Yes No

How did you first learn about AAUCM Urgent Care Center Accreditation?

How long has your center been considering the AAUCM Accreditation process?

What factors contributed to your desire to accredit your center? Please rank in order of importance, starting with one (1) as most important.

— To reduce malpractice rates

— To potentially increase reimbursement by health insurance carriers, or other third-party payors

— To maintain or obtain HMO/managed care contracts

— To communicate and market your facility's standard of quality to the public

— To obtain educational and consultative guidance

— To meet state (or federal) legislative/regulatory requirements

— To obtain Medicare certification

— Other _____

Accreditation Application Fees

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|--------------------|---|
| 1 clinic | \$1,800 |
| 2-5 clinics | \$3,000 (surveyor will complete a site review at two locations) |
| 6-10 clinics | \$5,000 (surveyor will complete a site review at three locations) |
| 11 -15 clinics | \$7,500 (surveyor will complete a site review at five locations) |
| 16-20 clinics | \$14,000 (surveyor will complete a site review at 10 locations) |
| 21 or more clinics | Call the AAUCM for pricing (surveyor will determine the number of clinics to be reviewed based on the total number of clinic locations) |

The application fee should accompany the Accreditation Application. The clinic is also responsible for travel expenses for the surveyor (airfare, hotel, car rental and meals, as applicable) [to be invoiced to the clinic after completion of the site review(s)].

Any clinic that submits an application for Accreditation has 30 days to request a refund of their application fee (less \$250 processing fee to be retained by the AAUCM) if they elect not to seek Accreditation. After 30 days all fees are non-refundable.

The AAUCM will maintain as confidential all information provided and will not disclose such information to any third party except on prior written authorization from the center.

All written or verbal information provided to the AAUCM regarding the survey and/or Accreditation process must be accurate and true. The applicant is subject to the current Accreditation policies and procedures of the AAUCM. As an accredited center, the applicant will receive notice regarding changes in the AAUCM policies and procedures.

I agree to hold the American Academy of Urgent Care Medicine to which I am applying and the members, officers, directors, governors, examiners and agents of each of them, free and harmless from any damage, expense, complaint, or cause of action whatsoever by reason of any action they, or any of them, may reasonably take in connection with my application, the investigation of same, the failure of the American Academy of Urgent Care Medicine to admit the center to the Accreditation process.

If the AAUCM and/ or its Affiliates or Representatives becomes legally compelled by law, process or order of any court or governmental agency or otherwise to disclose Confidential Information, or legal counsel therefore opines in writing that AAUCM or its Affiliates or Representatives is required to disclose any Confidential Information, AAUCM , shall be relieved of its confidentiality obligations under this Section solely as and to the extent that it becomes legally compelled to disclose Confidential Information. As used herein "Confidential Information" shall also include (i) all analyses, compilations, studies or other documents prepared by AAUCM or its Representatives containing or based in whole or in part on any Confidential Information furnished by the Urgent Care center, and (ii) all work product of any kind produced by AAUCM or its Affiliates in the course of or in connection with the Engagement.

The AAUCM designates medical practices that have been awarded Accreditation in the "Find an Urgent Care Center" database, displays a photo (when provided by the clinic or taken by the surveyor) and a link to the clinic's web site in the Photo Gallery on the AAUCM web site, www.aaucm.org, and on the AAUCM Facebook page. A press release announcing the clinic's Accreditation is also distributed. The clinic agrees and permits the AAUCM and or its Affiliates to publish such data and Accreditation and/or revocation of any Accreditations

On behalf of the center hereby applying for on-site survey, I certify that all information submitted is complete and accurate as of the date below. I will notify the AAUCM if there are any changes to this information, I understand that the Accreditation application fees are due prior to our on-site survey, and that all fees should be paid to the AAUCM. I understand that in addition to the application fee, we (the clinic) are responsible for all travel expenses for the surveyor (airfare, hotel, car rental and meals).

Medical Director (Print name)

Medical Director Signature

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| To assist the AAUCM in making travel arrangements for the surveyor, please provide the following information: | |
| Name of closest major airport _____ | Approx. distance (in miles) from center _____ |

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