

# **National Board of Accreditation for Orthotic Suppliers**

## **NBAOS**

*The Hallmark of Quality Standards for Orthotic Suppliers*

### **FACILITY INITIAL ACCREDITATION APPLICATION FOR ORTHOTIC SUPPLIERS**

**NBAOS  
15000 Commerce Parkway  
Suite C  
Mount Laurel, NJ 08054**

**Telephone: 856.380.6856**

**[www.nbaos.org](http://www.nbaos.org)**

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**NBAOS INITIAL ACCREDITATION APPLICATION  
PROCESSING FORM**

This initial accreditation application form is utilized to provide information to NBAOS about the supplier and to provide the supplier with the survey requirements and sample forms. It is the objective of NBAOS to maintain a streamlined accreditation process and to assist the supplier in meeting the quality business standards established by CMS in a timely and efficient manner.

Corporate Name\_\_\_\_\_

DBA\_\_\_\_\_

Federal Tax ID #\_\_\_\_\_

**PRIMARY CONTACT PERSON(S)**

Name\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

Name\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

**DMEPOS CATEGORIES FACILITY IS SEEKING ACCREDITATION:**

Mark all that apply

\_\_\_\_\_ Custom Fabricated Orthoses OR01                      \_\_\_\_\_ Canes and Crutches M01

\_\_\_\_\_ Prefabricated Orthoses OR02                      \_\_\_\_\_ Walkers M05

\_\_\_\_\_ Off-the-Shelf Orthoses OR03                      \_\_\_\_\_ Surgical Dressings S01

\_\_\_\_\_ Contracture Treatment Devices: Dynamic Splints DM04

**OFFICE LOCATIONS - Primary Office Location:**

Name of Facility\_\_\_\_\_

Street\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

Web site\_\_\_\_\_ E-mail\_\_\_\_\_

Clinical Supervisor\_\_\_\_\_

## NBAOS INITIAL ACCREDITATION APPLICATION PROCESSING FORM

Office  
Manager \_\_\_\_\_

Days/Hours of  
Operation \_\_\_\_\_

Medicare number \_\_\_\_\_ Medicaid number \_\_\_\_\_

NSC DMERC # \_\_\_\_\_ Location NPI number \_\_\_\_\_

How many office locations are you seeking accreditation? \_\_\_\_\_

Name the cities where these offices are located: \_\_\_\_\_

Total # of practioners, including prn: \_\_\_\_\_ Physicians \_\_\_\_\_ Occupational therapists  
\_\_\_\_\_ Physical therapists \_\_\_\_\_ Orthotists \_\_\_\_\_ Other: \_\_\_\_\_

### ACCREDITATION FEES

- **\$100 - Initial Accreditation Application Processing Fee**
  - Fee covers expenses associated with providing the survey requirements and sample forms necessary for the accreditation survey
- **\$2,750 + fees\* - On-Site Survey Fee (\* plus all surveyor travel expenses)**
  - Facility will submit fee when prepared for on-site survey
  - Unannounced survey will be conducted
  - Facilities that require a second onsite survey due to mandatory information not being available at the time of the initial onsite survey, being placed on probation where a second onsite survey is necessary, having a complaint filed against the facility where an onsite survey becomes necessary, or any other reason where additional onsite surveys are necessary result in an additional onsite survey fee.
- **\$500 - Each Satellite Location Fee**
  - Facility will submit when prepared for on-site survey at primary office location
  - Unannounced survey will be conducted
  - Surveyor travel expenses (transportation/meals/accommodations) are the responsibility of the facility when the surveyor travels more than 30 miles to the survey site from the primary office site.
- **\$2,000 - Re-Accreditation (Renewal) Fee**
  - Required each three years
  - Unannounced survey will be conducted
  - Re-accreditation fees are subject to revision as warranted by NBAOS
- **\$500 - Each Satellite Location Renewal Fee**
  - Facility will submit when prepared for on-site survey at primary office location
  - Unannounced survey will be conducted at each office location
- **\$350 - Appeals & Hearings Fee**
  - Filing for an appeal or a hearing is \$350.
  - All expenses are incurred by the facility.

**NBAOS INITIAL ACCREDITATION APPLICATION PROCESSING FORM**

**NBAOS PAYMENT OPTIONS**

**CHECK**

Please make your check payable to NBAOS.

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

**CREDIT CARD**

Type: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Amount Charged: \_\_\_\_\_

Please send the NBAOS Survey Application form and check to:

**NBAOS  
15000 Commerce Parkway  
Suite C  
Mount Laurel, NJ 08054**

**Telephone: 856.380.6856**

**SURVEY & SURVEY FORMS**

The onsite accreditation survey and forms will be sent to you on a CD within two weeks following receipt of this application.

**Mission Statement**

*The mission of the National Board of Accreditation for Orthotic Suppliers is to ensure high quality patient care through standards of excellence for orthotic providers.*