2015 SAMPLES OF MOST COMMON ACCREDITATION CERTIFICATES FOR OUTPATIENT SURGICAL FACILITIES

Please refer to the attached samples of the most common Accreditation Certificates for Outpatient Surgical Facilities

- 1. Certificate from the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF);
- 2. Certificate from The Joint Commission;
- 3. Certificate from the Accreditation Association *for* Ambulatory Health Care, Inc. (AAAHC);
- 4. Certificate from the State Department of Health;
- 5. Letter from Medicare.

Hospital-based surgery centers accredited by The Joint Commission must be identified on the Reply Form but DO NOT require accreditation certificates/letters to be uploaded.

American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

presents this certificate to

Phíladelphía Surgery Center

for having met the standards of a CLASS C-M ambulatory surgery facility in which minor or major surgical procedures are performed under intravenous or parenteral sedation (including Propotol), analgesia, or dissociative drugs.

MARGE Proceeding Lury R. Hym Mo. Geoffrey R. Keyes, M.D.

Secretary/Tressurer SIH

Certification Humber

All expiration dates must be valid at the time of submission to the Board Office.

Philadelphia Surgery Center Philadelphia, PA

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Ambulatory Health Care Accreditation Program

The evaluation of the long term care services of this organization was substantially based on the results of its most recent federal Medicare/Medicaid certification evaluation.

Accreditation is customarily valid for up to 36 months.

Iraha V Houseman MO MACD

Chair, Board of Commissioners

Organization ID #: Print/Reprint Date:

Mark R. Chassin, MO, FACP, MPP, MPH

resident

The Joant Commission is an independent, not for profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.











This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

All expiration dates must be valid at the time of submission to the Board Office.

SAMPLE 3 - AAAHC



May 3, 2012

Accreditation Effective Date:

Recommended Medicare Deemed Status: Yes

Accreditation Expiration Date:

Organization #:
Organization:
Address:

Philadelphia Surgery Center XXXX Philadelphia Drive

City, State, Zip:

Phila., PA 10101

Decision Recipient: Survey Contact:

Survey Chair:

Survey Team Members:

Special cc:

CMS CO - Baltimore CMS RO V- Chicago

CMS Certification Number (CCN): Type of Survey:

Re-accreditation/Medicare Deemed

Status

Survey Dates:

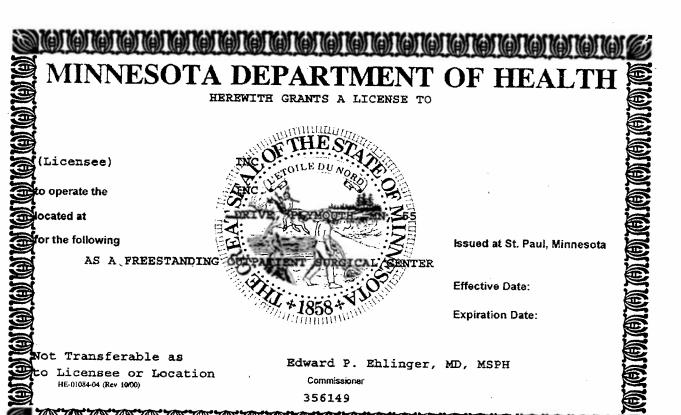
Correction Method:

Plan of Correction Self-Attestation

Document Review

Accreditation Renewal Code: Correction Timeframe: Complimentary Study Participation Code:

All expiration dates must be valid at the time of submission to the Board Office.



All expiration dates must be valid at the time of submission to the Board Office.



Medicare

Control Number:

January 13, 2010

Subject: Revalidation of Medicare Enrollment

Dear Mr.

We have approved the CMS 855B application submitted for purposes of revalidating the Medicare enrollment of Palos Surgicenter LLC. Consistent with federal regulations found at 42 CFR 424.515, the approval of this revalidation starts the mandatory 5-year revalidation cycle for Medicare enrollment.

Listed below is the information reflected in your Medicare enrollment record: an analysis of the information reflected in your Medicare enrollment record: an analysis property of the propert

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Medicare Participation Status: Participating

Authorized Official(s):

Delegated Official(s):

The NPI must be reported on all Medicare claims. The Provider Transaction Access Number (PTAN) is required for all written inquiries and all telephone inquiries to our customer service department, and our Interactive Voice Response (IVR) telephone system. The IVR telephone number for Illinois is 1-877-908-9499. Instructions on how to use the IVR can be obtained from our web site at: http://www.wpsmedicare.com.

To maintain an active enrollment status in the Medicare program, regulations found at 42 CFR §424.516 require that you submit updates and changes to your enrollment information in accordance with specified timeframes. Reportable changes include, but are not limited to changes in: (1) legal business name (LBN/tax identification number (TIN), (2) practice location, (3) ownership, (4) authorized/delegated officials, (5) changes in payment information such as changes in electronic funds transfer information, and (6) final adverse legal actions, including fellony convictions, license suspensions of revocations of a health care license, an exclusion or debarment from participation in a Federal or State health care program, or a Medicare revocation by a different Medicare contactor.

