SERVICE CODE: 529201046

Ambulatory Surgical Center License Renewal Addendum

Name of Facility: ____

License Number: __________________

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1. Services:

Mark all surgical specialties that are offered at this facility:

- ☐ Abortion
- ☐ Cardiovascular
- ☐ Chiropractic
- ☐ Endoscopy
- ☐ Foot
- ☐ Gastroenterology
- ☐ General
- ☐ Neurological
- ☐ OB/GYN
- ☐ Other: __________________________________
- ☐ Ophthalmology
- ☐ Oral
- ☐ Orthopedic
- ☐ Otolaryngology
- ☐ Pain Management
- ☐ Plastic
- ☐ Thoracic
- ☐ Urology

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2. Accreditation:

(Check the appropriate category)
Attach a copy of the most recent letter or certificate of accreditation.

- ☐ Accreditation Association for Ambulatory Health Care (AAAHC)
- ☐ American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
- ☐ Healthcare Facilities Accreditation Program (HFAP)
- ☐ Institute for Medical Quality (IMQ)
- ☐ The Joint Commission
- ☐ Other Accreditation Agency: _______________________________________
- ☐ Pending Accreditation: ____
- ☐ Not accredited

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3. Medicare Certification:

Is the facility certified to participate in the Medicare Program? ☐ Yes ☐ No

If YES, provide the facility's CCN Number: ___________________

License Number: ________________________ **SERVICE CODE: 529201046**

4. Treatment & Procedure Rooms:

a. Total Number of Operating Rooms: __________________

b. Total Number of Treatment/Procedure Rooms: __________________

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5. Administrator:

Name: ____

Email: ____

Phone: ____

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6. Medical Staff:

a. Provide the total number of physicians, dentists, podiatrists, and/or advanced practice registered nurses providing services at the facility:

Physicians ________ Dentists ________ Podiatrists ________ APRNs ________

b. Medical Chief of Staff:

Name (PLEASE PRINT)	License #	Expiration Date

c. Director of Nurses:

Name (PLEASE PRINT)	License #	Expiration Date