

See Instructions in Diagnostic Modality Accreditation Overview. Please make additional copies of this blank form if you are applying for more than one site. Be sure to include the multiple modality discount, if appropriate, before totaling payment.

<b>BMRAP</b>	First breast MRI unit fee @ \$2900	
	Each additional breast MRI unit @ \$2800	
	Each breast MRI unit if it is already accredited by the ACR in MRI (or has applied) @ \$2100	+
	<b>TOTAL FEE</b>	
<b>BUAP</b>	Breast Ultrasound only \$1200	
	Both Breast Ultrasound and Biopsy \$1400	
	<b>TOTAL FEE</b>	
<b>CTAP</b>	First unit up to 3 modules @ \$2900	
	First unit for 4 modules @ \$3000	
	Each additional unit @ \$2800	
	Each additional unit for 4 modules @ \$2900	+
	<b>TOTAL FEE</b>	
<b>MRAP</b>	First unit up to 4 modules @ \$2900	
	First unit for 5 modules @ \$3100	
	First unit for 6 modules @ \$3300	
	Each additional unit at one site location applying for 4 modules @ \$2800	
	Each additional unit for 5 modules @ \$3000	
	Each additional unit for 6 modules @ \$3200	+
	<b>TOTAL FEE</b>	
<b>NMAP</b>	Facility fee @ \$1300	
	<b>Plus per unit (module 1, 2, or 3)</b>	
	Units with 1 module @ \$700 each	
	Units with 2 modules @ \$1400 each	
	Units with 3 modules @ \$2100 each	+
<b>TOTAL FEE</b>		
<b>PETAP (PET Module)</b>	Facility fee @ \$1300	
	<b>Plus per unit</b>	
	Units with 1 sub module @ \$700 each	
	Units with 2 sub modules @ \$1400 each	
	Units with 3 sub modules @ \$2100 each	+
<b>TOTAL FEE</b>		
<b>SBBAP</b>	First unit fee @ \$1700	
	Each additional units @ \$1500	+
	<b>TOTAL FEE</b>	
<b>UAP</b>	1 module (OB, Gynecological, General or Vascular US) \$1450	
	Combination of 2 types of accreditation \$1650	
	Combination of 3 types of accreditation \$1750	
	All 4 modules (OB, Gynecological, General and Vascular) \$1850	
	<b>TOTAL FEE</b>	
<b>SUBTOTAL</b>		
<b>10% Discount for 3 or more active accreditation programs at one facility location, excluding mammography)</b>		- \$
<b>TOTAL</b>		

Check enclosed payable to ACR (Include Modality ID # on check, if available) OR  Charge credit card

If faxing the application and paying by credit card, please fill in all credit card information except the card number. DO NOT fill in the card number prior to faxing for security reasons. Please provide the contact person and telephone number at the bottom of this page so that an ACR representative can call them to obtain the credit card number.

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  VISA  MasterCard  American Express

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_