

Accreditation Fee (Effective January 1, 2016)

The online application will calculate the accreditation fee automatically. To estimate the fee for your practice, please complete the following:

1. Specialties in which the practice seeks accreditation:

***Note: Obstetrics, Gynecology, and 76811 - Detailed Fetal Anatomic Ultrasound Examination are treated as separate specialties only.*

- | | |
|---|---|
| <input type="checkbox"/> Obstetric** | <input type="checkbox"/> Dedicated Thyroid / Parathyroid |
| <input type="checkbox"/> 76811 – Detailed Fetal Anatomic Ultrasound Examination** | <input type="checkbox"/> Head & Neck |
| <input type="checkbox"/> Gynecologic** (with or without Adjunct competence in 3D) | <input type="checkbox"/> Musculoskeletal – Diagnostic |
| <input type="checkbox"/> Fetal Echo | <input type="checkbox"/> Musculoskeletal – Ultrasound-Guided Procedures |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Urologic |
| <input type="checkbox"/> Abdominal / General (may include thyroid / parathyroid, MSK) | <input type="checkbox"/> Ultrasound-Guided Regional Anesthesia (USGRA) |

Total number of specialties: _____

2. The fixed site with the most machines:

Number of machines	One specialty	Two specialties	Three or more Specialties
1	\$1,250	\$1,500	\$1,750
2	\$1,500	\$1,750	\$2,000
3	\$1,750	\$2,000	\$2,250
4	\$2,000	\$2,250	\$2,500
5	\$2,250	\$2,500	\$2,750
6-7	\$2,500	\$2,750	\$3,000
8-10	\$2,750	\$3,000	\$3,250
11-15	\$3,000	\$3,250	\$3,500
>15	\$3,250	\$3,500	\$3,750

Fee for the site with the greatest number of machines:

Number of machines: _____ Number of specialties: _____ = \$ _____

Fee for physicians performing USGRA or MSK USG Procedures:

3. Number of physicians performing Ultrasound-Guided Regional Anesthesia or MSK Ultrasound Guided Procedures = _____ X \$50 =

\$ _____

4. Additional Fixed Site(s):

Number of machines at additional fixed site	Fee per additional fixed site
1–2 machines	\$500
3 or more machines	\$600

Number of additional fixed sites with:

- 1-2 machines: _____ X \$500 = _____
- 3 or more machines: _____ X \$600 = _____

Fee for additional fixed site(s):

Total: \$ _____ = \$ _____

5. Fee for Mobile Ultrasound Machines*:

* If your practice consists solely of mobile ultrasound machines, please contact accreditation@aium.org.

Mobile ultrasound machine(s)	\$500 per additional mobile ultrasound machine

Fee for mobile ultrasound machine(s):

Number of mobile ultrasound machines: _____ X \$500 = \$ _____ = \$ _____

Total accreditation fee: \$ _____