



# Payment Worksheet

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.

BMRAP	First breast MRI unit fee @ \$2400	
	Each additional breast MRI unit @ \$2300	
	Each breast MRI unit if it is already accredited by the ACR in MRI (or has applied) @ \$1600	+
	TOTAL FEE	
BUAP	Breast Ultrasound only \$1000	
	Both Breast Ultrasound and Biopsy \$1200	
	TOTAL FEE	
CTAP	First unit up to 3 modules @ \$2400	
	First unit for 4 modules @ \$2500	
	Each additional unit @ \$2300	
	Each additional unit for 4 modules @ \$2400	+
	TOTAL FEE	
MRAP	First unit up to 4 modules @ \$2400	
	First unit for 5 modules @ \$2600	
	First unit for 6 modules @ \$2800	
	Each additional unit at one site location applying for 4 modules @ \$2300	
	Each additional unit for 5 modules @ \$2500	
	Each additional unit for 6 modules @ \$2700	+
	TOTAL FEE	
NMAP	Facility fee @ \$1200	
	Plus per unit (module 1, 2, or 3)	
	Units with 1 module @ \$600 each	
	Units with 2 modules @ \$1200 each	
	Units with 3 modules @ \$1800 each	+
TOTAL FEE		
PETAP (PET Module)	Facility fee @ \$1200	
	Plus per unit	
	Units with 1 sub module @ \$600 each	
	Units with 2 sub modules @ \$1200 each	
	Units with 3 sub modules @ \$1800 each	+
TOTAL FEE		
SBBAP	First unit fee @ \$1400	
	Each additional units @ \$1200	+
	TOTAL FEE	
UAP	1 module (OB, Gynecological, General or Vascular US) \$1200	
	Combination of 2 types of accreditation \$1400	
	Combination of 3 types of accreditation \$1500	
	All 4 modules (OB, Gynecological, General and Vascular) \$1600	
	TOTAL FEE	
SUBTOTAL		
10% Discount - Multiple Modalities (3 or more active accreditation programs at one facility location, excluding mammography)		- \$
TOTAL		

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

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

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