



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.**

| | | |
|---|--|------|
| BUAP | Breast Ultrasound only \$1000 | |
| | Both Breast Ultrasound and Biopsy \$1200 | |
| | TOTAL FEE | |
| CTAP | First unit fee @ \$2400 | |
| | Each additional unit @ \$2300 | + |
| | TOTAL FEE | |
| MRAP | First unit up to four modules @ \$2400 | |
| | First unit for five modules @ \$2600 | |
| | First unit for six modules @ \$2800 | |
| | Each additional unit at one site location applying for four modules @ \$2300 | |
| | Each additional unit for five modules @ \$2500 | |
| | Each additional unit for six 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 | OB Antepartum US only \$1200 | |
| | Gynecological US only \$1200 | |
| | General US only \$1200 | |
| | Vascular US only \$1200 | |
| | Combination of 2 types of accreditation \$1400 | |
| | Combination of 3 types of accreditation \$1500 | |
| | 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: _____