

# Urgent Care Center Occupational Health/Medicine Certification Application

Use this page as a cover sheet when submitting application.

To be completed by an Authorized Representative of the submitting center.

## Contact Information

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Phone Number (\_\_\_\_\_) \_\_\_\_\_

Facility Website \_\_\_\_\_

Facility Owner \_\_\_\_\_

Owner Phone Number (\_\_\_\_\_) \_\_\_\_\_ Owner Email \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Primary Contact Title \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

Printed Name of Medical Director \_\_\_\_\_

Please check the box if a 3<sup>rd</sup> Party/Consultant/Management Service will be utilized

**List the Address that the Certificate can be sent to (if different from Facility Address):**

\_\_\_\_\_

### Select Appropriate Category (choose only one)

- CATEGORY 1 - MD's or DO's on-site during all hours of operation
- CATEGORY 2 - MD's or DO's or NP's or PA's on-site during all hours of operation

### Occ-Med Certification Application Fees

**APPLICATION FEE PER SITE**

**CLINIC MEMBER..... \$349**

**NON-MEMBERS..... \$649**

## Owner and or Medical Director Initials Required

As the Owner and or Medical Director of this facility, I hereby attest that licenses for all providers at this center have been reviewed and these providers obtain active, unrestricted licenses to practice in the state where this facility is located as of this date.

Initial Here

Owner

Initial Here

Medical Director

As the Owner and or Medical Director of this facility, I hereby attest that I have read and this facility agrees to abide by the [Criteria](#) and [Code of Ethics for Certified Urgent Care Centers](#) for the duration of our Certification Term.

Initial Here

Owner

Initial Here

Medical Director

# Occ-Med Certification Application Fees

## APPLICATION FEE PER SITE

**CLINIC MEMBERS ..... \$349**

**NON-MEMBERS ..... \$649**

Fees are paid at application and at three-year renewals. There are no annual fees. **A UCAOA clinic membership is required for the duration of certification to receive the member rate of \$349**, additional fees will apply if membership is not maintained and revocation of certification for unpaid fees.



Initial Here to acknowledge that you have read and understand pricing structure.

Applications with incomplete, expired, or incorrect supporting documentation will be returned in full to the applying center so that the application may be correctly re-submitted at a later date. Application fees will not be refunded and original application deadlines will still apply.

Please review all of your materials carefully prior to submitting. All materials will be kept confidential except if required by law or court proceedings.

## Other Terms

In consideration of UCAOA's willingness to review this application, applicant agrees to the following provisions:

### INTERPRETATION

UCAOA, as a private not-for-profit organization, reserves sole discretion to interpret and apply the criteria, modify the criteria, and develop and apply additional criteria, from time to time without prior notice.

### DISCLAIMER AND LIMITATIONS OF LIABILITY

UCAOA is providing no assurances that the CUC designation will lead to increased revenues or profits and shall have no liability if increases do not occur or for any other claim or occurrence arising out of applicant's application or the CUC certification program. If applicant is dissatisfied with the program, applicant's sole remedy shall be to decide not to renew or expand its participation. In any event, applicant waives and agrees not to assert any claims against UCAOA (or its officers or directors), based on the CUC certification program or any decision not to grant certification. Without limiting the generality of the foregoing provisions, applicant waives and agrees not to assert any claim that any certification denial violates any federal or state antitrust or restraint of trade laws. IN ANY EVENT, UCAOA'S AGGREGATE TOTAL MONETARY LIABILITY TO APPLICANT UNDER ALL CAUSES OF ACTION AND ALL THEORIES OF LIABILITY (INCLUDING BUT NOT LIMITED TO STATUTORY, TORT, STRICT LIABILITY, WARRANTY, INDEMNITY, CONTRIBUTION, AND CONTRACT THEORIES) WILL BE LIMITED TO THE REFUND OF ALL APPLICATION FEES PAID BY APPLICANT.

## INDEMNITY

To the extent permitted by applicable laws, applicant shall indemnify, hold harmless, defend and reimburse UCAOA and its officers, employees and directors ("Indemnified Parties") from and for any and all claims, losses, damages, liabilities, expenses, penalties, judgments, orders, awards, attorneys' fees and litigation expenses (collectively, "Claims") which arise or are alleged to arise wholly or partly out of or in connection with: (i) any bodily or personal injuries, death, sickness, disease, or any other medical or psychological condition, of any person who visits or seeks to visit applicant's Facility for which UCAOA has provided a CUC designation; (ii) any decision by UCAOA to grant or deny a CUC designation for any of applicant's Facilities; or (iii) any action or omission of applicant or its officers, directors, employees, agents, representatives, contractors or consultants. Without limiting the generality of the foregoing provisions, APPLICANT'S OBLIGATIONS TO INDEMNIFY, HOLD HARMLESS, DEFEND AND REIMBURSE INCLUDE ALL CLAIMS, REGARDLESS OF WHETHER SUCH CLAIMS ARE CAUSED OR ALLEGED TO HAVE BEEN CAUSED WHOLLY OR PARTLY BY UCAOA'S ACTS OR OMISSIONS OR AN INDEMNIFIED PARTY'S NEGLIGENCE; provided, if this provision or any phrase or portion is held void, unenforceable, or prohibited by law, then this provision and any such phrase or portion shall be reasonably reformed (by modifying, adding, or deleting text) to the minimum extent required to carry out the parties' mutual intent that this provision shall provide the broadest obligations to indemnify, hold harmless, defend, and reimburse that are valid, enforceable and permitted by law. Nothing herein shall be deemed to limit or reduce any obligations of any insurers of applicant, except to the extent required for such obligations to be valid, enforceable and permitted by law; provided, applicant hereby waives all rights of its insurers to subrogate against the Indemnified Parties.

\_\_\_\_\_  
**Printed Name of Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Printed Name above**

\_\_\_\_\_  
**Date**

**\*The person signing represents and warrants that the person: (a) has read, understands and agrees With all terms and provisions contained in this entire application and all other UCAOA materials Pertaining to the CUC certification program, on behalf of the applicant, and (b) is authorized to sign This application, make such representations, warranties and agreements on behalf of the applicant**

## Certified Urgent Care Eligibility

Facility must be capable of evaluating walk-in patients of all ages for a broad spectrum of work-related illness & injuries for all workers and other employment services, including (but not limited to) pre-employment physicals, return to work physicals, etc., during all hours the facility is open to see patients.

The following must be available during all posted hours of operation for the facility:

- X-ray on site  
*Please Note -- The following changes to the facility X-ray requirement will be effective as of January 1, 2018: On-site radiological equipment (imaging modality to perform chest x-rays, c spines, long bone films, abdomen, extremities, etc) that is easily interpretable and archivable.*
- Phlebotomy services on site
- Licensed provider on site with the appropriate state licenses and resources to:
  - Obtain and read an EKG, x-ray, UDS, BAT, litmus color blindness & PFT/Spirometry on site
  - Administer PO, IM & IV medications/fluids on site
  - Perform minor procedures (ex. Sutures, cyst removal, incision & drainage, splinting) on site, DME on site for basic splinting/casting
  - Perform DOT testing
- The following equipment, and staff trained in its use:
  - Automated external defibrillator (AED) (or more advanced device)
  - Oxygen, ambu-bag/oral airway
  - Drug cart stocked appropriately for patient population (as determined by the facility)
  - Working phone to dial 911
- At least two exam rooms, separate waiting area, restricted access patient restrooms, UDS bathroom with water shut off and/or policy to ensure the integrity of the test

Minimum hours of operation (must meet all three criteria):

- **5 days/week (not including national holidays)**
- **2,024+ hours per year**

The Certification Committee at its sole discretion may make an occasional exception for “certain religious holidays” only on a “case by case basis,” as long as it does not affect the overall purpose of the facility to be open year round, 5 days a week and accepting walk-in adult patients without appointment. Also, we would allow a temporary emergency closure of the facility because of an unforeseen circumstance (or acts of god, flood, hurricane, power outage, etc.)

Facility must have a licensed physician designated as Medical Director for the facility who is responsible for overall clinical quality.

Facility must provide medical care and perform business activities in an ethical manner.

### **Additional Requirements:**

- Policy on how to handle non-occ med/health patients who seek care
- Clear notification to the public regarding the limited scope of signage

### **Eligibility**

Certain facilities and practice types are unlikely to meet all of the above minimum criteria and therefore would be excluded from eligibility for certification as an urgent care center. These facilities should use extreme caution when applying, as **fees are not refundable**. Some examples include:

- Retail or similar clinic with limited scope of service located within a pharmacy, supermarket or similar retail facility
- Physician offices with only selected hours for walk-ins
- Chiropractic offices
- Pain clinics

Note: In states with legal restrictions on using the term “urgent care,” facilities will be issued Certified Immediate Care designations.

**UCAOA – Certified Urgent Care Review, 28600 Bella Vista Pkwy., Ste. 2010, Warrenville, IL. 60555**

**Documentation Checklist— All documents below must be submitted for Committee to review. Centers that already hold current Certification through UCAOA need to ONLY turn in the highlighted documents below:**

- 1. Copy of business license for this facility, certificate of occupancy or equivalent
- 2. Exterior photo clearly showing entire facility structure and external signage
- 3. Photo of main entry door or sign indicating days and hours of operation to the public
  - a. If photo does not include advertisement that walk-ins are accepted during all hours, provide separate proof of advertisement
- 4. Current copy of ONE of the following x-ray documents:
  - Inspection
  - State registration
  - Licensure
- 5. Copy of current laboratory licensure (e.g. CLIA waiver certificate, CLIA license, COLA license)
- 6. Organizational chart including names of all current facility staff and providers with credentials (“MD”, “DO”, “NP”, etc.)
- 7. Copy of facility floor plan with clear labels marking EACH of the following items:
  - Exam rooms
  - Treatment rooms (if separate)
  - Patient restrooms
  - UDS restroom
  - Laboratory
- 8. Photos of the following:
  - Portable defibrillator
  - Oxygen equipment
  - Drug cart
  - Facility’s radiological equipment (Fixed or Portable [note: C-Arms are not acceptable])
- 9. Photos of the following:
  - BAT equipment
  - DME supplies and/or DME closet (if one specific piece of equipment or service is not available, provide rationale and outside vendor contract)
  - PFT or Spirometry machine
  - Drug screen equipment and/or supplies and copy of contract for offsite drug screening via reference lab
  - Copy of process on drug screen compliant restroom must be provided with pictures of drug screen compliant restroom, showing water off-switch, and/or dye for the toilet water.
- 10. Copy of your formulary for onsite medications, both administered and dispensed (if applicable)
- 11. Copy of recent advertisement, flyer or similar marketing piece for this facility (billboard photos, internet/webpage ads accepted)
- 12. Medical Director job description
- 13. Copy of active, unrestricted license for center’s Medical Director
- 14. Copy of an employee’s current BAT certifications
- 15. Copy of a provider’s current DOT certifications
- 16. Provide photos of visual acuity testing & where it is performed (e.g. Snellen eye chart, color vision testing, Titmus vision screener, etc.)
- 17. Copy of certificate or proof of training for active Medical Review Officer (or provide outside vendor contract or proof of services)
- 18. Copy of an invoice from a biomedical engineering company that maintains and calibrates machinery
- 19. Copy of a policy showing that there is a referral network or process for providing timely follow-up visits and/or referrals for patient care.
- 20. Policy on how to handle non-occ med/health patients who seek care

It is recommended that centers make a copy of submitted documentation to keep for your records. UCAOA will not provide copies to centers.

## Facility's Demographic Information

1. What services does this site offer?

(please check all that apply)

- Urgent Care
- Occupational Medicine/Worker's Comp
- Telemedicine
- Physical Therapy
- Lab
- X-ray
- CT/MRI
- Physical Exams (School, Sport, Executive, Work, etc)
- Other (please explain): \_\_\_\_\_

2. Radiography Services:

- Plain Film
- Computed Radiography (CR)
- Digital Radiography (DR)

3. Lab Services Offered:

- Waived
- Moderate
- Complex

4. Use of electrocardiogram? (Y/N): \_\_\_\_\_

5. In addition to "Walk-In" Urgent Care patients, do you also have appointments?

- Yes
- No

6. Describe the setting in which this facility is located:

- Urban
- Suburban
- Rural ([per CMS definition](#))
- Resort Area (Seasonal)
- Other (please explain): \_\_\_\_\_

7. Date this facility opened: \_\_\_\_\_

8. Avg. Patient visits per day: \_\_\_\_\_

9. Facility Ownership:

- Corporate entity (i.e. insurance company, private equity or shareholder owned)
- Single physician
- Two or more physicians also working in the center
- Non-physician/provider investors
- Physician investors not practicing in the center
- Hospital-owned or affiliated
- Joint venture with a hospital
- NP/PA ownership
- Other: \_\_\_\_\_

10. Typical Provider Model at this Urgent Care Center (Select one):

- Physicians Only
- Physicians with PA or NP, with physician always on site
- Physicians with PA or NP, with physician NOT always on site
- Exclusively PA and/or NP, with remote physician supervision per state regulations
- Other

11. Total number of days that this Center typically sends receivables to a third-party collection agency: \_\_\_\_\_ days

12. Does this center accept Medicaid?

- Yes
- No

13. Hourly compensation for:

- Full-time Employed Physician
- Full-time Employed PA
- Full Time Employed NP

14. To keep records current, list your organization's contact for membership information:

\_\_\_\_\_