Email form

ACHC PER REPORT

Agency: _____ DBA: _____
Web site: _____ Phone: _____ fax: _____
Address: _____
Tax ID: _____ Exp. Date Accreditation: _____ Locations: _____
Contacts:

Name	Title	Phone	e-mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Services: ☐ DME ☐ Pharmacy ☐ SN ☐ HHA ☐ MSW ☐ OT ☐ PT ☐ ST
☐ staffing to Hospice ☐ Private Duty ☐ Sleep Testing

Contract any services: _____ Numbers of Employees: _____ Hours: _____
Date Established: _____
BLOCK out dates: _____ _____ _____ _____ _____
_____ _____ _____ _____ _____
MC Provider #: _____ NPI #: _____ Unduplicated Admission last 12 months: _____

SCAN and e-mail to: **rcamacho@pnsystem.com**

* Copy of Articles of Incorporation and/or other documentation of legal authority
* PAC Meeting Minutes (last 4 minutes)
* Marketing Materials Including Electronic Media (Brochure)
* Employee Handbook

Please send your Preliminary Evidence Report (PER) and $1,500.00 deposit to:

Accreditation Commission for Health Care
4700 Falls of Neuse Road
Suite 280
Raleigh, NC 27609