

## Facility Pre-Registration Form

### National Oncologic PET Registry

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Thank you for your interest in participating in the National Oncologic PET Registry project.

- Each institution participating in the Registry must complete the Web-based Facility Pre-Registration Form and receive a unique 4-digit Facility Number and Facility Administrator Password. The Facility Administrator will then log in and complete the Facility Registration Form. After registration, but before entering its first case on the Registry, **the facility must pay a one-time application fee of \$50 and send an executed HIPAA Business Associates Agreement (BAA) to NOPR Headquarters.** Payments can be made by credit card or check. Checks should be made payable to the ACR-NOPR and mailed to the American College of Radiology, 1818 Market Street, Suite 1600, Philadelphia, PA 19103. **The facility ID# must be written on the check.** The BAA can be mailed or FAXed to NOPR Headquarters (1818 Market Street – Suite 1600, Philadelphia, PA 19103, FAX 215-928-0153). **The BAA is available from the NOPR Web site and must be submitted before patient entry can begin.** Please allow 48 hours for processing of these materials before scheduling the first patient entry for your facility.
- The entity applying as a PET Facility should be the entity that bills Medicare for either the technical charges or the global charges for PET studies. In the case of a mobile PET provider that bills Medicare directly, a separate application form must be completed and a separate Facility ID number will be assigned for each location of service.
- **NOTE: You will receive a confirmation E-mail with instructions on how to log into the NOPR database to complete the registration process.**

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1. Name of Imaging Center \_\_\_\_\_

2. Facility's E-mail Address (will be used for all communications) \_\_\_\_\_

3. Person Completing this Form: First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

*This person will become the PET Facility Administrator, and the official contact person for the NOPR.*

**NOTE: After this form is completed a 4 digit Facility ID number and a password will be assigned and sent to the Facility via E-mail. The Facility must return to the Login page, follow the instructions in the confirmation e-mail, and complete the Facility Registration Form.**

# PET Facility Registration Form

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- Please complete this form to finalize the NOPR registration process.
- Once this completed form is submitted, a confirmation e-mail will be sent with an invoice for the escrow account start-up funds and the \$50 application fee.
- When the start-up funds are received at NOPR Headquarters an escrow account will be established for the PET Facility. \$50 will be debited from this account each time the facility registers a case on the NOPR. E-mail reminders will be sent to the PET Facility Administrator when the account balance dips below a minimum level as defined by the Facility on this Registration Form.
- The PET Facility can pay the \$50 registration fee and initial escrow deposit either by:
  - Mailing a check made payable to ACR-NOPR together with a copy of the e-mailed invoice to the American College of Radiology, 1818 Market Street, Suite 1600, Philadelphia, PA 19103. **The facility ID# must be written on the check;** or
  - Paying by credit card using the information in the e-mailed invoice and confirmation to log into the facility's account on the NOPR Web site.
- Once the ACR receives the facility registration fee and the executed Business Associates Agreement (BAA), the PET Facility will be sent an e-mail approval notice and the facility will be eligible to participate in the National Oncologic PET Registry via the secure Web site.

Only cases that meet the criteria listed in the Coverage Decision will be eligible for registration and CMS reimbursement.

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Facility ID #: \_\_\_\_\_

### 1. PET FACILITY INFORMATION

Name of Imaging Center (will be supplied by the system from pre-registration information) \_\_\_\_\_

Mailing Address (street 1) \_\_\_\_\_ (street 2) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Telephone \_\_\_\_\_ x \_\_\_\_\_ FAX: \_\_\_\_\_

Business entity responsible for payment \_\_\_\_\_

Medicare Provider Number or National Provider Identifier Number: \_\_\_\_\_

### **PHYSICAL ADDRESS OF THE PET FACILITY**

Address (street 1) \_\_\_\_\_ (street 2) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Telephone \_\_\_\_\_ x \_\_\_\_\_

### 2. PET FACILITY ADMINISTRATOR

Official facility contact person for the National Oncologic PET Registry (will be supplied by the system from pre-registration information) \_\_\_\_\_

E-mail address (will be supplied by the system from pre-registration information) \_\_\_\_\_

### 3. PARTICIPATING PHYSICIANS - who will interpret PET scans. (Web form will accept as many as needed)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ UPIN \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ UPIN \_\_\_\_\_

### 4. STAFF - who are allowed to register patients and enter data into the database. A username and password will be emailed to the staff person.

