

[0938-0968 FORM #1]

**PET Facility Registration Form**  
**National Oncologic PET Registry**

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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 \_\_\_\_\_ NPI \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ NPI \_\_\_\_\_

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ E-mail \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ E-mail \_\_\_\_\_

5. **EQUIPMENT DESCRIPTIONS** – Provide complete information for each PET scanner. (Web Form will allow for entry of multiple scanners)

Facility's Scanner Identifier (facility's name for scanner) \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Fixed  Mobile

Hospital-Based  Not hospital-based (independent diagnostic testing facility)

6. **CALCULATION OF ESCROW ACCOUNT**

Payment to the National Oncologic PET Registry for each case entered into the database for CMS reimbursement is required in advance. It is recommended that each facility schedule monthly payments based on the expected number of cases registered for one month. You may stop participating in the Registry at any time. Upon letter to the Program Manager any unexpended credit balance will be refunded.

Invoice will be E-mailed to registering facility in the amount calculated below.

Initial Facility registration fee: \_\_\_\_\_ \$50

Number of cases to prepay @ \$50 each: \_\_\_\_\_ x \$50 = \_\_\_\_\_

Total: \_\_\_\_\_

7. **FUND BALANCE REMINDER**

PET Facilities can monitor the balance remaining in their NOPR Account via the secure Website. New cases can be registered as long as there is a positive balance remaining. It is recommended that each facility maintain a credit balance at all times commensurate with the facility's caseload. An E-mail reminder will be sent from the Registry when your fund balance reaches the minimum threshold established by the PET Facility.

Please notify our PET Facility when our account balance with the ACR reaches the level selected below:

- \$250 – 5 cases remaining  
 \$500 – 10 cases remaining  
 \$1,000 – 20 cases remaining  
 \$2,000 – 40 cases remaining

8. **HAS THE BUSINESS ASSOCIATE AGREEMENT (BAA) BEEN EXECUTED?**

Yes  No

*(Please mail or fax (215-928-0153) the BAA to NOPR Headquarters. Note: patients cannot be entered on the Registry until the BAA is received at Headquarters)*

9. **NAME OF PERSON SUBMITTING THIS FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Additional information on the National Oncologic PET Registry can be found on the web site, <http://www.cancerPETregistry.org/> or by contacting the project manager at 215-717-0859.

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0968. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.