



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

Notice of Survey

Indicate AAAHC Program related to this Notice of Survey

- | | |
|---|--|
| <input type="checkbox"/> Ambulatory Accreditation | <input type="checkbox"/> Advanced Orthopaedic Certification |
| <input type="checkbox"/> Medicare Deemed Status Accreditation | <input type="checkbox"/> Patient-Centered Medical Home Certification |
| <input type="checkbox"/> Health Plans Accreditation | |
| <input type="checkbox"/> Health Plans FEHB Accreditation | |

AAAHC Organization ID	112214	Organization Legal Name	National Rural Letter Carriers' Association
		Organization "Doing Business As" Name	sponsor of Rural Carrier Benefit Plan

- ☐ This is an Unannounced Survey ~ **OR** ~ ☐ Survey date(s) for this September 29-October 1, 2025
Announced Survey _____

The above-named organization has voluntarily requested this accreditation/certification survey as a means of having a third-party review to build upon strengths or identify opportunities to improve its delivery of safe, high-quality health care to its patients and/or members. The survey will evaluate the organization's compliance with AAAHC Standards and to determine if accreditation/certification should be awarded to, or retained by, this organization.

The general public, patients, members, and employees, believing that they have relevant and valid information about this organization's provision of services or compliance with AAAHC Standards, may request to present this information to AAAHC Surveyors at the time of the survey **or** may communicate such information in writing or by telephone to the AAAHC office.

All information received from identified individuals at or prior to the survey will be considered in making the accreditation/certification decision. The information presented will not be debated with the reporting individual.

A request to present or report information may be communicated in writing by mail to the address below; by email to feedback@aaahc.org; or by telephone or fax to the numbers below.

Accreditation Association for Ambulatory Health Care, Inc.

3 Parkway North, Suite 201	TEL: 847.853.6060
Deerfield, IL 60015	FAX: 847.853.9028

*The organization must post the Notice prominently for at least 30 calendar days or through the end of the survey, **whichever is later**.*

Date Posted	8/1/2025	Staff Name	Lynne Paller	Title	Director of Insurance Programs
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