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Floor Plan Review Order Form

Floor Plan Review - A general review of floor plans to ensure compliance with standards for a segregated Operating Suite. \$250.00

Facility Name _____
Facility Director (Surgeon) _____
Facility's ABMS Specialty _____
Facility Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

Check the appropriate class: A B C-M C

Check the appropriate program: Surgical Procedural Oral & Maxillofacial Medicare

Mailing address if different than facility address listed above:

Address _____
City _____ State _____
Zip _____

You must provide written authorization to charge with the signature of cardholder.

Card Number: _____

Expiration Date: _____ Print name as it appears on card: _____

Cardholder's Signature: _____

Circle method of payment: Check Visa MasterCard American Express

Total enclosed, or authorized amount to charge to credit card: \$ _____ (U.S.)

Note: Please provide a copy of the entire office floor plan (including waiting rooms, reception areas etc.) All rooms must be labeled appropriately and include room dimensions and location of doors.

FLOOR PLAN MUST BE SUBMITTED WITH THIS FORM ALONG WITH PAYMENT TO:
AAAASF – P.O. Box 9500 Gurnee, IL 60031 – OR FAX (if paying by credit card): (847)775-1985