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Peer Review Exemption Form – Facility.

This form should be used when a facility with 10 or more physicians has opted to report 3 Random Case Reviews per physician. Please make sure to submit all cases prior to submitting this document. If any physicians have performed fewer than 3 cases during the Peer Review reporting period, please complete the Peer Review Exemption Form – Individual Physicians.

Facility Name: _____

Facility ID #: _____

Medical Director Name: _____

Medical Director Signature: _____

Date: _____

Please submit this form via fax, email, or mail prior to the Peer Review reporting deadline to remain in compliance.

Fax: (847) 775-1985

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