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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 _____ E-mail _____

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 – 7500 Grand Avenue, Ste. 200 Gurnee, IL – OR FAX (if paying by credit card): (847)775-1985