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REQUEST TO ADD PHYSICIAN

Each physician, podiatrist, or oral and maxillofacial surgeon using the facility must be credentialed and qualified for the procedures they perform.

In order to add a doctor to staff the facility director and the new physician must sign this request as well as include the following credentials:

- Copy of current State Medical License
- Copy of Board Certification or eligibility
- Hospital Appointment (or reappointment) Letter
- Delineation of Hospital Privileges (list of procedures)

I authorize and request that the physician listed below be added to facility ID # _____

New Physician Name: _____

Facility Director Signature: _____

Printed Name: _____

AUTHORIZATION TO RELEASE INFORMATION

In furtherance of my facility's application for accreditation and continued accreditation by the American Association for Accreditation of Ambulatory Surgery Facilities, Inc., I hereby request and authorize any hospital, any medical staff or any other medical organization with which I am now or have been affiliated to provide information concerning my current or former status with such organization(s). I hereby release from liability any hospital, medical staff or other medical organization for acts performed in connection with the collection of evaluation and submission of such information concerning my status to the American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

Name of New Physician

X

Signature of New Physician

Date: _____