



7500 Grand Ave, Suite 200
Gurnee, Illinois 60031

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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. \$275.00

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: _____ Security Code: _____

Print name as it appears on card:

Cardholder's Signature:

Circle method of payment: Check Visa MasterCard American Express Discover

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

****If credit card is provided, completed form and floor plan may be sent via email to
reception@aaaasf.org**