AAAHC Institute for Quality Improvement
5250 Old Orchard Rd., Suite 200
Skokie, IL 60077
Phone 847-853-6078
Fax: 847-853-6118

2018 July-December AAAHC Institute Study Registration Form

Please complete this form and email it to mchappell@aaahc.org once processed, you will receive a confirmation email with further instructions.

Your Name: ____

Organization Legal Name: _____________________________________/DBA________________________

If Accredited with AAAHC Organization ID#_____________

Organization Type:

ASC___ Medicare Deemed Status yes__ no__
Are you a CQA organization? yes__ no__ If yes, who is your Parent Organization_________________
OBS__

Primary Care__ SHS__ IHS__ Other___________________
Part of a network? yes__ no__ If yes, what is the network name? _________________

Address: ____

City: ____State: _____________Zip: _________________________

Telephone: ________________________Fax: ________________________ **E-Mail**: ____________________

(required for report delivery)

AAAHC Institute Studies	*Quantity*	*Price for AAAHC Accredited Organizations*	*Price for Non-Accredited Organizations*
Cataract Extraction with Lens Insertion July-December 2018		$500.00	$600.00
EGD July-December 2018		$500.00	$600.00
Low Back Injection July-December 2018		$500.00	$600.00
Safe Injection Practices July-December 2018		$500.00	$600.00
Shoulder Arthroscopy July-December 2018		$500.00	$600.00
NO RETURNS OR EXCHANGES	***Total***	***$***	***$***
Complimentary Study Code (if applicable)			
(payment information not required if you are using a complimentary code)			

Method of Payment (Check One): **Check/Money Order (made payable to "AAAHC Institute")** or,
o **Visa** o **Master Card** o **American Express** o **Discover**

Credit Card #: ____Expiration: ______ CVV:_______

Print Cardholder's Name: ____

I agree to pay total amount according to card issuer agreement.

Signature: ___________________________________

o Invoice Me *(invoice will be emailed to the contact name above, materials and instructions will be sent upon receipt of payment).*