



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

Order Form: Decision Letter/Survey Report Copies

Organization ID# _____ Survey Dates _____

Organization Legal Name _____

Phone _____

E-mail for electronic delivery _____ Contact name (person placing order) _____

Please note: AAAHC will only provide these documents to an individual whose association with the organization is documented in our database, e.g. survey primary contact, medical director, administrator, etc. If we are unable to identify the requester—a consultant, for example—we will need permission from the organization before releasing survey documents.

Description	Item cost	Total
Decision Letter + Survey Report <input type="checkbox"/> Electronic <input type="checkbox"/> Paper	Electronic - Free Paper - \$35	
Total:		

Payment information:

Complete the information below (if applicable) and mail, fax (847.853.9028), or scan and e-mail (orderdesk@aaahc.org).

I have enclosed check # _____ in the amount of \$ _____.

Payable to: AAAHC

5250 Old Orchard Road, Ste, 200
Skokie, IL 60077

Please charge my credit card in the amount of \$ _____.

Card number _____ Expiration _____ Security code _____

Cardholder name _____ Cardholder signature _____