



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

3 Parkway North, Suite 201
Deerfield, IL 60015

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

Card number

Expiration

Security code

Cardholder name

Cardholder signature