



AAAHC Institute for Quality Improvement
 5250 Old Orchard Rd., Suite 200
 Skokie, IL 60077
 Phone 847-324-7747
 Fax: 847-853-6118

2019 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 2019 Studies | Quantity | Price for AAAHC Accredited Organizations | Price for Non-Accredited Organizations |
|--|--------------|--|--|
| Cataract Extraction with Lens Insertion July-December | | \$500.00 | \$600.00 |
| Colonoscopy January-June | | \$500.00 | \$600.00 |
| EGD July-December | | \$500.00 | \$600.00 |
| Knee Arthroscopy with Meniscectomy January-June | | \$500.00 | \$600.00 |
| Low Back Injection January-June | | \$500.00 | \$600.00 |
| Medication Reconciliation January-June or July-December (circle 1) | | \$500.00 | \$600.00 |
| Safe Injection Practices January-June or July-December (circle 1) | | \$500.00 | \$600.00 |
| Shoulder Arthroscopy July-December | | \$500.00 | \$600.00 |
| YAG Laser Posterior Capsulotomy January-June | | \$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,
 Visa Master Card American Express Discover

Credit Card #: _____ Expiration: _____ CVV: _____

Print Cardholder's Name: _____

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

Signature: _____

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