



AMERICAN ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGERY FACILITIES, INC.

ACCREDITATION OFFICE: 5101 Washington Street, Suite 2F • P.O. Box 9500, Gurnee, Illinois 60031 • Toll Free 1-888-545-5222
Phone 847-775-1970 Fax 847-775-1985 • E-mail: info@aaaasf.org • Web Site: www.aaaasf.org

Peer Review Exemption Form

This form should be used when a physician has performed less than six cases during a peer review reporting period. Please make sure to submit all cases that the physician performed online prior to submitting this document.

Facility Name: _____

Facility ID #: _____

Physician Name	Total # of Cases Completed	Reason for Override

(Note: Please use more than one form if needed)

Facility Director Name: _____

Facility Director Signature: _____

Date: _____

Please submit the form via fax, email, or mail prior to the Peer Review reporting deadline to remain in compliance.

Fax: 847-775-1985

Email: helpdesk@aaaasf.org

Mail: AAAASF
5101 Washington Street, Suite 2F
P.O. Box 9500
Gurnee, IL 60031