

2008 Facility Membership Application



www.AAASC.net

Name of Facility: _____

Corporate Owner: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Administrator/President/CEO: _____ Title: _____

Phone: _____ E-mail: _____

Medical Director: _____

Phone: _____ E-mail: _____

Director of Nursing: _____

Phone: _____ E-mail: _____

Business Office Manager: _____

Phone: _____ E-mail: _____

Corporate Contact (if applicable): _____

Phone: _____ E-mail: _____

1. CERTIFICATION:

Medicare Certified

Yes No Pending

Licensed by State of Alabama

Yes No Pending

2. JOINT VENTURE:

_____ % Owned by Physician

_____ % Owned by Hospital

_____ % Owned by _____

_____ Not Applicable

3. ACCREDITATION:

JCAHO

AAAHC

AAAASF

Other: _____

4. FACILITY SPECIALTY/SERVICES PROVIDED:

Single Specialty: _____

Multi-Specialty: _____

Other: _____

5. FACILITY TYPE:

Freestanding

Within a Hospital

3. ADDITIONAL INFORMATION;

_____ Number of Operating Rooms

_____ Number of Procedure Rooms

_____ Number of 23 Hour Stay Rooms

_____ Annual Number of Surgeries

_____ Year Opened

Signature of Applicant: _____ Date: _____

Application to The Alabama Association of Ambulatory Surgery Centers implies acceptance of e-mails, faxes, and other correspondence from this organization.

Send application to: Donna Smith • Administrator • The Surgery Center • 1440 Highway Drive • Oxford, AL 36203
Phone: 256-241-2234 • Fax: 256-241-2236 • E-mail: donnasmith@thesurgerycenter.info

Upon approval, Facility will be invoiced for the membership dues (\$1500/yr or \$750/6 months)