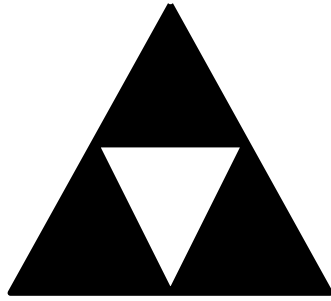


Public Notice of Survey



Notice of Health Plan Accreditation Survey

The Accreditation Association for Ambulatory Health Care, Inc. (AAAHC)

Will Conduct an Accreditation Survey of

Organization Name: _____

On

Survey Dates: _____

This organization has voluntarily requested the survey as a means of assisting its efforts to improve the quality of health care and services it administers for its members. The survey will evaluate the organization's compliance with AAAHC Health Plan Standards to determine if accreditation should be awarded or retained by the organization.

All interested individuals holding pertinent and valid information about the organization's compliance with AAAHC standards may request a presentation with AAAHC surveyors *or* may communicate such information in writing or by telephone to AAAHC for consideration.

Requests for in person presentations must be received at least two weeks before the above scheduled survey date/s to allow for processing and scheduling.

To obtain a copy of the AAAHC Health Plan Standards, request an in person presentation, or submit information, please contact:

Accreditation Association for Ambulatory Health Care, Inc.
Health Plan Program
5250 Old Orchard Road, Suite 200
Skokie, IL 60077

Telephone (847) 853-6060
FAX (847) 853-9028
Email: info@aaahc

Date Posted

Name and Title