



600 Central Ave. Ste 265 | Highland Park, IL 60035  
(direct) 847.775.1970 | (fax) 847.775.1985  
info@QuadA.org

### Floor Plan Review Order Form

**Floor Plan Review** - A general review of floor plans to ensure compliance with standards for a segregated Operating Suite. \$275.00

Facility Name \_\_\_\_\_  
Facility Director (Surgeon) \_\_\_\_\_  
Facility's ABMS Specialty \_\_\_\_\_  
Facility Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Check the appropriate class: A B C-M C  
Check the appropriate program: Surgical Procedural Oral & Maxillofacial Medicare

**Mailing address if different than facility address listed above:**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

\*\*You must provide written authorization to charge with the signature of cardholder.

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Print name as it appears on card:

Cardholder's Signature:

Circle method of payment: Check Visa MasterCard American Express Discover

**Total enclosed, or authorized amount to charge to credit card: \$ \_\_\_\_\_ (U.S.)**

**Note: Please provide a copy of the entire office floor plan (including waiting rooms, reception areas etc.)  
All rooms must be labeled appropriately and include room dimensions and location of doors.**

FLOOR PLAN MUST BE SUBMITTED WITH THIS FORM ALONG WITH PAYMENT TO:  
QuadA – 600 Central Ave. Ste. 260 Highland Park, IL 60035 – OR FAX (if paying by credit card):  
(847)775-1970

\*\*If credit card is provided, completed form and floor plan may be sent via email to  
info@QuadA.org