**Change Notification Form**

**Date Submitted:** 3/24/2020

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>Surgery Center</th>
<th>AAAHC ID#:</th>
<th>121212</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Type:</td>
<td>Medicare ASC</td>
<td>Accreditation Expiration Date:</td>
<td>5/22/2021</td>
</tr>
<tr>
<td>Address:</td>
<td>5250 Old Orchard Rd, Suite 100</td>
<td>State:</td>
<td>OH</td>
</tr>
<tr>
<td>Primary Contact:</td>
<td>Sally Sample</td>
<td>Email:</td>
<td><a href="mailto:samples@surgerycenter.org">samples@surgerycenter.org</a></td>
</tr>
</tbody>
</table>

**Effective date (for change):** 3/27/2020-indeinitely. Open intermittently during this time for emergency procedures.

**STEP 1: Identify change(s) and narrative above.**

- Select **Temporary Closure** and document narrative above
- Select **Yes** if you have a CCN. No need to complete all fields if not applicable
- Sign and email to notifyEast@aaahc.org

If the primary contact has changed, select **Admin change** and enter details in top section.

**Group 1: Simple changes**

- Admin Change
  - Name
  - Position
  - Email
  - Phone
- Effective Date
- Designate this person as primary contact? **YES**  **NO**
  - If No, who should be the primary contact?

**STEP 2: Medicare Information (if CMS certified).** Please forward any proof of acceptance or confirmation from CMS.

- Date the Medicare enrollment Form CMS-855B was filled with the fiscal intermediary for review and verification:
- Is the organization planning on maintaining the current CCN number? **YES**  **NO**
- Previous CCN Number
- New CCN Number
- Will the new owner accept assignment of the current/prior owner’s Medicare provider agreement? **YES**  **NO**

**STEP 3: Attestation and Signature**

By signing below, I certify that the information in this application is accurate, complete, and current as of this date. I acknowledge that the AAAHC policies must be continually adhered to. Any material change in the relationship between the applicant organization and the new service site(s) being requested to be added must be reported to the AAAHC.

Sally Sample  Administrator  S. Sample  3/23/2020

**STEP 4: Send to AAAHC.** Save this completed form to your computer and email it along with all required attachments to:

- For primary care: notifyprimarycare@aaahc.org
- For Corporate Quality Alliance (CQA) organizations: notifyCQA@aaahc.org
- For surgical organizations EAST (of the Mississippi River): notifyEast@aaahc.org
- For surgical organizations WEST (of the Mississippi River): notifyWest@aaahc.org

Sign and email to notifyEast@aaahc.org