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Patient Safety Data Reporting Exemption Form

This form should be used when surgeon/proceduralist has performed fewer than three (3) cases during the reporting period. Please make sure to submit all cases online (psdr.aaaasf.org) prior to submitting this document.

Period I – Jan. 1 to March 31 Period II – April 1 to June 30 Period III – July 1 to Sept. 30 Period IV – Oct. 1 to Dec. 31

Period: _____ Year: _____

Facility Name: _____ Facility ID #: _____

Surgeon/Proceduralist Name	# Cases Completed	Reason for Exemption
<i>Example: A. Surgeon MD</i>	<i>0</i>	<i>No cases performed in period (due to COVID)</i>

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

Medical Director Name: _____

Medical Director Signature: _____ Date: _____

Please submit this form via fax or email (preferred methods) or mail prior to the Patient Safety Data Reporting deadline to remain in compliance.

Email: helpdesk@aaaasf.org

Fax: (847) 589-6425

Mail: AAAASF
Attn: PSDR
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