

your
logo
here



your
address
here

INDIVIDUAL PROVIDER INSTRUCTIONS

- 1) Fill out all fields except the signature line. Provide the TIN used to file Medicare claims.
- 2) Print the form. Your editing tool may not allow you to save it.
- 3) Sign the form. The provider associated with the NPI must sign the form.
- 4) Scan and email the completed and signed form to [your email address here](#).

Practice Information

Practice Name

Address Line 1

Address Line 2

City/ST/Zip

Phone/Ext

By signing this document the provider identified in the signature section below authorizes Clinigence, LLC an authorized EHR Data Submission Vendor, to submit on the provider's behalf patient-specific data on Medicare beneficiaries to CMS for the purpose of 2014 PQRS participation.

Provider TIN

Provider NPI

Provider (printed)

Provider (signature)

Date (mm/dd/yyyy)