

your
logo
here



your
address
here

GROUP PRACTICE (GPRO) 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 GPRO Security Officer must sign the form.
- 4) Scan and email the completed and signed form to **<your email address here>**.

Group Practice Information

Practice Name

Address Line 1

Address Line 2

City/ST/Zip

Phone/Ext

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

GPRO TIN

GPRO Security Officer (printed)

GPRO Security Officer (signature)

Date (mm/dd/yyyy)