



<http://www.mdinteractive.com>

support@mdinteractive.com

800-634-4731 (phone)

866-251-4069 (fax)

To: MDinteractive

Re: CMS Quality Programs and Initiatives Participation

- I give MDinteractive Registry permission to submit data to the Centers for Medicare & Medicaid Services (CMS) on the behalf of our organization to be used in CMS Quality Programs and Initiatives, including the Merit-Based Incentive Payment System (MIPS), the Primary Care First (PCF) and/or the APM Performance Pathway (APP) program.
- I authorize the registry to submit Quality measure results, Improvement Activities measure and activity results, Promoting Interoperability measure and objective results and numerator and denominator data or patient-specific data on Medicare and non-Medicare beneficiaries to CMS for the purpose of participation in MIPS or other CMS Quality programs and initiatives.
- I understand that entering an incorrect taxpayer identification number (TIN) may result in a MIPS penalty.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_

TIN: 

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Email: \_\_\_\_\_

MDinteractive username: \_\_\_\_\_