



<http://www.mdinteractive.com>

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To: MDinteractive

Re: Participation in Physician Quality Reporting System Group Practice Reporting Option (PQRS GPRO) using the Registry reporting option

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 the Physician Quality Reporting System Group Practice Reporting Option (PQRS GPRO).

I understand that not being registered with CMS to report GPRO using the Registry reporting option will result in the loss of the PQRS bonus and being subject to payment adjustments.

I understand that entering an incorrect taxpayer identification number (TIN) will result in the loss of the PQRS bonus and being subject to payment adjustments.

Sincerely,

Name: _____

Signature: _____

Organization: _____

Date: _____

TIN:

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Email: _____

MDinteractive username: _____