



<http://www.mdinteractive.com>

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To: MDinteractive

Re: Participation in Physician Quality Reporting System (PQRS)

I, _____, give
MDinteractive Registry permission to submit data to the Centers for Medicare &
Medicaid Services (CMS) on my behalf to be used in the PQRS and/or eRx programs.

I understand that entering an incorrect individual NPI or an incorrect taxpayer
identification number (TIN) will result in the loss of the PQRS and/or eRX bonus.

Sincerely,

Signature: _____

Date: _____

NPI: _____

TIN: _____