



Clinigence, LLC  
75 5th St. NW, Suite 216  
Atlanta, GA 30308

#### 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 support@clinigence.com.
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#### 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)