2018-2022 MIPS Individual WAIVER

The Centers for Medicare & Medicaid Services require individual signatures from all providers to consent to the submission of data to be used for the Merit-based Incentive Payment System.

I understand that I entered into an Agreement with eClinicalWorks, LLC that designates the number of providers at my practice. This waiver form is merely a supplemental form and does not amend the Agreement. eClinicalWorks is only responsible for submitting and obtaining data on the number of providers that have been contracted for in the Agreement. I understand that if I include additional providers on this waiver, eClinicalWorks is not responsible for reporting the additional providers. Please contact eClinicalWorks, LLC to enter into a separate Addendum to correct the number of providers if you need to increase or decrease the number of providers on your account.

By providing your signature below you agree to the following consent:

I grant eClinicalWorks consent to obtain and submit data to the Centers For Medicare & Medicaid Services (CMS) on my behalf as a Provider to be used for Merit Based Incentive Payment System and other related purposes required by CMS.

It is very important to provide the correct Individual NPI number for each provider and the group Tax Identification Number through which Medicare Part B claims are paid. Please also provide a scanned copy of an accepted, paid claim for each provider reflecting these numbers so that we may verify accuracy before submission. Please conceal all patient information. **ALL NPI AND TIN NUMBERS MUST BE TYPED**"

Provider Name & Credentials*	Provider Signature	Email	Individual National Provider Identifier (NPI #)	Tax Identification Number (TIN #)