**ATTESTATION FOR AUTHORIZATION TO SUBMIT FOR INDIVIDUAL NPI(s)**

I have obtained direction and authorization to select measures and submit performance measure data to CMS on behalf of the physicians listed below.

(Authorization must be provided for each physician per TIN.)

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| **Corporate Account ID** | **TIN** | **NPI** | **Physician Name** | **Physician Signature** |
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Submitted by:

Submitter e-mail address:

Submission date: