



Connecticut State Medical Society - IPA, Inc.

Practice Name: _____ Date: _____

Tax ID: _____

Participating Physicians:

Name: _____ NPI # _____

Name: _____ NPI # _____

Name: _____ NPI # _____

Name: _____ NPI # _____

Name: _____ NPI # _____

Name: _____ NPI # _____

Name: _____ NPI # _____

Check One:

We will pay Docsite directly the discounted fee of \$297.50 upon submission of PQRI data

We will reimburse CSMS-IPA the discounted fee of \$297.50 when we receive (or would be scheduled to receive) our PQRI bonus payments for 2009

Sign Name

Print Name and Title

Date

PLEASE SIGN, PRINT YOUR NAME AND TITLE AND FAX TO 203-624-6665

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For CSMS-IPA Use Only

DocSite Code: _____

DocSite Code: _____

DocSite Code: _____

DocSite Code: _____

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