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Michigan Spine Surgery Improvement Collaborative
MIPS/QCDR 2018
Individual Surgeon/Surgeon Group Data Evaluation Request

Surgeon Name:	Click here to enter text.
Surgeon Contact Preference:	Click here to enter text.
Surgeon Business Address:	Click here to enter text.
Surgeon Phone Number:	Click here to enter text.
Surgeon Email Address:	Click here to enter text.

☐ I ***am not*** interested in submitting MIPS data through the MSSIC QCDR

☐ I ***am*** interested in submitting MIPS data through the MSSIC QCDR.
Please review my data in MSSIC and contact me about this possibility.

☐ I would like to submit as an individual NPI #: Click here to enter text.

☐ I would like to submit as a group TIN #: Click here to enter text.

My group would consist of the following surgeons:

Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
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