

**MEANINGFUL USE REGISTRATION OF INTENT
REPORTING YEAR 2016**

HOSPITAL/ELIGIBLE PROFESSIONAL INFORMATION

Name of Hospital or Eligible Professional (EP):

Type of Provider (EP or Hospital):

Phone:

City:

State:

ZIP Code:

Email:

Meaningful Use Stage 2 Reporting Period: 1/1/2016 – 12/31/2016

Specialty:

ACTIVE ENGAGEMENT STATUS (CHOOSE ONE)

Planning to sign a contract for data import / data integration by _____

Contract signed, waiting for Hospital IT department to export data in accordance with VQI specs

Contract signed, waiting for VQI to contact Hospital

CERTIFIED EHR VENDOR INFORMATION

Name of certified EHR Vendor:

Address:

Phone:

SIGNATURE

I authorize the verification of the information provided on this form.

Signature of applicant:

Date:

Return form to PathwaysSupport@m2s.com

PATHWAYS™