

Quality Reporting Interest Form

American Society of
Anesthesiologists®

Thank you for your interest in quality reporting with ASA®. Please complete the form below and email it to qcdr@asahq.org. You will receive an email with additional information for your practice.

PRACTICE DEMOGRAPHIC INFORMATION

Practice/Organization Name (mandatory): _____

Address 1: _____

Address 2: _____

City (mandatory): _____ State (mandatory): _____ Zip code: _____

PRIMARY CONTACT INFORMATION

First Name (mandatory): _____ Last Name (mandatory): _____

Job Title (mandatory): _____ Phone (mandatory): _____

Email (mandatory): _____

ALTERNATE CONTACT INFORMATION

First Name: _____ Last Name: _____

Job Title: _____ Phone: _____

Email: _____

QUALITY REPORTING

Number of physician anesthesiologists in your practice: _____

Number of non-physician anesthesia providers (CRNA, AA) in your practice: _____

To submit quality reporting data to CMS via ASA practices need to be AQI NACOR® participants. Is your practice currently actively submitting to the AQI NACOR registry? Yes No Not Sure

Has your practice previously reported PQRS measures to CMS?

Don't Know/Not Sure Claims QR QCDR ACO (Accountable Care Organization)

Submit your responses to receive next steps via email.

SUBMIT

(When clicking the submit button a new email to qcdr@asahq.org should be initiated with the document attached. If this does not occur, please attach this document to an email to qcdr@asahq.org and click send.)