

# 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](mailto: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](mailto: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](mailto:qcdr@asahq.org) and click send.)