

From a web browser go to the following page:

www.qualitynet.org/pqrs

On the left hand side of the screen in the “Related Links” box select the link labeled “Communication Support Page”

A form will appear titled “Communication Support Page”

Complete the information as follows:

Under User Information:

LEGAL BUSINESS NAME: Your legal business name

TIN: The last 4 digits of your Tax ID number

NPI: Your 10 digit NPI number

E-MAIL: Your e-mail address

CONFIRM E-MAIL: Your e-mail address again

Under Contact Information:

FIRST NAME: Your first name

MI: Your middle initial

LAST NAME: Your last name

ADDRESS 1: Your address

ADDRESS 2

CITY: Your city

STATE: Your state

ZIPCODE: Your zipcode

PHONE: Your phone number

EXT

REQUESTOR RELATIONSHIP – Please select “Health Care Provider”

Under Request NPI Level Feedback Report:

Do not make any entries in this area

Under Request Hardship Exemption:

Select the button which describes your hardship.

Under Justification for Hardship Exemption (required if submitting a hardship exemption)

Enter text that describes and justifies your hardship exemption

Under User Agreement:

Select the box labeled “I accept User Agreement”

Complete the “Submit” button