

In the first paragraph of HIH – CMS esMD Agreement, HIH shall fill the blanks as follows,

This HIH – CMS esMD Agreement, hereafter referred to as “Agreement”, is made as of **1** to become effective on **2** for a validity period of **2** years **3** between **4** organization as the Health Information Handler (HIH) and the Centers for Medicare & Medicaid Services (CMS), hereafter referred to as “both parties”, for secure exchange of health information using the Electronic Submission of Medical Documentation (esMD) system and all its affiliated systems.

- 1** → Date when the agreement is made in **mm/dd/yyyy** format
- 2** → Date when the agreement will become effective as start date in **mm/dd/yyyy** format
- 3** → Number of years either **1** or **2** years the agreement will be effective (end date)
- 4** → Legal full name of the HIH organization

The following list of information along with the signature from the authorized person is required on the last page of the agreement,

- 5** → ‘HIH Authorized Representative Signature’
- 6** → ‘Title’ of HIH Authorized Signer (who signed)
- 7** → ‘Printed Name of HIH Authorized Signer’
- 8** → ‘Date Signed’
- 9** → ‘Email Address’ of HIH Authorized Signer
- 10** → ‘Telephone Number’ of HIH Authorized Signer

The electronic copy of the signed agreement will have to be e-mailed to the esMD Support Team, to the following email address: esMD_Support@cms.hhs.gov