

(VENDOR LETTERHEAD)

Date

EHR Incentive Program – Verification Letter

(Vendor) has verified the status of the practice in support of the EHR Incentive Program. As part of this verification, **(Vendor)** confirms that the practice is an active customer to **(Vendor)** and their account is in a positive financial status.

Practice name and contact	NAME ADDRESS PHONE FAX EMAIL
Vendor name and contact	NAME ADDRESS PHONE FAX EMAIL
Certified product name	Name of EHR System
Certified product version	Version of EHR System
ONC Certification # (CHPL Product #)	Example Only: CC-1 1 12-956447-1
CMS EHR Certification ID#	Example Only : 30000003 SVE6EAC