## CMSNet (Verizon) Access Request for MDS (NH), OASIS (HHA) and ASPEN Web Users

## Please complete this form electronically, print, and sign hard copy to submit

		Type of I	Request		
Create New Access Remove Access Update Access Existing User ID:   Are you replacing someone? Select both Create New Access and Remove Access Existing User ID:					
Provider Information					
Type of Provider	(select one): 🗌 MDS (NI	H) 🗌 OAS	IS (HHA)	] ASPEN Web	
Provider Status (s	elect one): CExisting	Provider	○ New Provider	r	
Provider/Facility/Agency Name:					
Facility ID (N/A for ASPEN Web):					
Remove User Access Information					
User's Name: (La	ast, First, MI)				
User's Phone Number:				Extension:	
User's E-mail A	ddress:				
New User Access Information					
New User's Name: (Last, First, MI)					
Mailing Address:					
Work Phone Number:				Extension:	
Work Fax Number:					
Work E-mail Address:					
States to which you submit MDS or OASIS data: (N/A for ASPEN Web)					
Signature:				Date:	
Submit to:					
MDS/OASIS USERS Send to <b>CMSNet (Verizon) Help D</b> Fax: (803) 935-0194 Phone: (888) 238-2122 E-mail: mdcn.mco@palmet			ASPEN Web Users Send to:     QTSO Help Desk		
		esk	Fax: (888) 477-7871 Phone: (888) 477-7876 1501 50th St, Suite 200		
		ttogba.com			
			West Des Moines, IA 50266		

Fax cover sheet must contain letterhead and must be sent from a provider/business fax machine