

CMSNet Access Request for MDS/ePOC (NH), OASIS (HHA) and ASPEN Web Users

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

Type of Request

Create New Access Remove Access Update Access Existing User ID:

Are you replacing someone? Select both *Create New Access* and *Remove Access*

Provider Information

Type of Provider (select one): MDS (NH) OASIS (HHA) ASPEN Web ePOC

Provider Status (select one): Existing Provider New Provider

Provider/Facility/Agency Name:

Facility ID (N/A for ASPEN Web):

Remove User Access Information

User's Name: (Last, First, MI)

User's Phone Number: **Extension:**

User's E-mail Address:

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 ePOC and ASPEN Web)

Signature: _____ **Date:** _____

Submit to:

MDS/ePOC/OASIS USERS Send to:
CMSNet Help Desk Fax: (803) 935-0194 E-mail: mdcn.mco@palmettogba.com
For Issues: (888) 238-2122

ASPEN Web Users Send to:
QTSO Help Desk Fax: (888) 477-7871 E-mail: help@qtso.com
For Issues: (800) 339-9313

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