OASIS Corporate Access Request

This form must be completed in order to:

1. **Designate a corporate user** to submit assessments on an agency's behalf
2. **Remove access** of a current corporate user to an agency in situations such as termination or turnover

A Corporate User is defined as follows: Represents multiple agencies which are all owned by a single corporation. The corporation is responsible for processing submissions for its agencies and can also be responsible for retrieving and/or reviewing agency report data from the OASIS Submission System and from CASPER Reports. The corporation's agencies are not limited to a single state and the corporation may have agencies operating in multiple states.

Warning: Security regulations do not allow a user ID to be logged on to multiple sessions simultaneously. Problems may arise if the corporate user ID is used with an automated submission system and accesses multiple servers.

Please complete this form electronically, print, and submit the signed document to the QTSO Help Desk

Type of User Request (REQUIRED)

Request to Create New Corporate Personal User ID ☐

Request to Change: Add Agency ☐ Remove Agency ☐ Corporate User's Current Personal ID: _____

Corporate User Information (REQUIRED)

First & Last Name: _____ User Phone: _____

User E-mail Address: _____

(attach list for additional users)

Corporation Name: _____

Corporation Physical Address: _____

Corporate Contact Name: _____

Corporate Contact Title: _____ Corporate Contact Phone: _____

Corporate Contact Signature: _____

Request Date: _____

Reason for Additional Agency Access for User (REQUIRED)

Please provide a brief description justifying the need for additional user access to agency data: _____

Agency Information (REQUIRED)

Use the following pages to list the agencies to add to or remove from this corporate user's access.

Fax OR e-mail the completed, signed form to the QTSO Help Desk

E-mail submissions must include provider letterhead as an attachment

E-mail: help@QTSO.com

Fax cover sheet must include provider letterhead and must come from the corporate fax machine

Fax: 888-477-7871

After submitting the request, if you do not receive e-mail acknowledgment within 2 business days, please contact us immediately

Please allow 5 business days for your request to be completed

Agency Information

Name	Physical Address	Mailing Address	CCN (Medicare Number)

Agency Information - Continued

Name	Physical Address	Mailing Address	CCN (Medicare Number)