

CMSNet Access Request for Hospice, MDS, and Swing Bed Users

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

Type of Request

Create New Access Remove Access Add Additional User Account Update Existing User's Access

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

Existing User ID:

Do you need more than two total user accounts for your provider? Select both *Create New Access* and *Add Additional User Account*

Briefly explain the reason for this request:

Provider Information

Type of Provider (select one): Hospice MDS Swing Bed

Provider Status (select one): Existing Provider New Provider

Provider Name:

Medicare CCN:

(CMS Certification Number)

State:

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)

Work Mailing Address:

Work Phone Number:

Extension:

Work Fax Number:

Work E-mail Address:

Signature:

Date:

Submit to:

Help Desk
Fax: (888) 477-7871
E-mail: iqies@cms.hhs.gov
For Issues: (800) 339-9313

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