

LTCH CARE Assessment Move Request

Please Type or Print Legibly

Use this form to move assessments from one provider to another.

Select only **ONE** of the three move options noted below.

For **options 2 and 3** complete the information directly under the selected option.

For **options 2 and 3** only those assessments within and inclusive of the **dates** noted will be moved.

1. Move **All** assessments from incorrect provider to correct provider

All assessments will be moved

2. Move assessments by **Submission Date:**

Date from:

Date through:

3. Move assessments by **Target Date:**

Date from:

Date through:

Incorrect Provider Information

Provider Name:

Facility ID:

State:

Provide Closed Date (if applicable):

Correct Provider Information

Provider Name:

Facility ID:

State:

Requestor (Administrator/Owner) Information

Name (full name):

Title:

Phone Number:

E-mail Address:

Assessment Information

Reason for Assessment Move:
(Provide detailed description)

Approx. Number of Assessments
to Move to Correct/New Provider:

Complete, sign and **fax** this
request to the iQIES Service Center at:

888-477-7871

Signature - Administrator/Owner

Date