

OASIS Assessment Deletion Request

Please Type or Print Legibly

NOTE: This request will be processed **only** if the Reason for Deletion is "Patient should be Private Pay" or "Patient does not meet Medicare eligibility requirements". If an assessment was submitted for the wrong person, use the **DMS Split function** to move the assessment to the correct person. Errors on an assessment should be corrected using **Correction Policy** procedures to correct and then resubmit the assessment to the state database.

Assessment Deletion
(complete **ALL** fields below)

Batch Deletion (complete only fields 1, 2, 3, 4, 5, 6, 15, 16 and 17)
NOTE: ALL assessments in the batch will be deleted

Agency Information

1. Agency Name:
(complete name)

2. HHA_AGENCY_ID:

Requestor (Administrator/Owner) Information.

3. Name (full name):

4. Title:

5. E-mail Address:

6. Phone Number:

Patient/Assessment Information

7. M0020_PAT_ID_NUMBER:

8. Res_Int_ID:*

9. M0040_PAT_LNAME:

10. M0064_SSN:

11. M0040_PAT_FNAME:

12. M0100_ASSMT_REASON:

13. Effective Date:**

14. Assmt_Int_ID:*

Submission Information

15. Submission Date:*

16. Submission Batch ID:*

Reason for Deletion

17. Reason for Deletion:
(see NOTE above)

*Found on Final Validation Report

**Effective Date is:

M0030_Start_Care_Dt for RFA types 01 and 02

M0032_Roc_Dt for RFA type 03

M0090_Info_Completed_Dt for RFA types 04 and 05

M0906_DC_Tran_DTH_Dt for RFA types 06, 07, 08, 09, and 10

Signature - Administrator or Owner (Please circle one)

Date

Submit **completed** and **signed** form to your State Agency via **Certified Mail** through the US Postal Service. Your State Agency will approve, sign, and forward your request to the QTSO Help Desk.

Signature - State Agency Authorizer

Date

The request must be sent **Certified Mail** through the US Postal Service.

All requests require State Agency authorization.

Forms forwarded to the QTSO Help Desk without a State Agency signature will be rejected.

QTSO Help Desk - Internal Use:

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------