Completing and Saving a PDF Form Electronically

1. Select *File → Save As*. A **Save As** dialog box opens.

2. From the drop-down list associated with the *Save In* field, select *Desktop*.
    Note the name of the file in the *File name* field, and then select the **Save** button.

3. Open the form from its location on your desktop.

4. As you begin to fill out the form a warning message may display that states "Cannot Save Form Information". While it is true that you can not save the information entered in a PDF format, you are able to save it as a text file.

5. After you complete the form, select *File → Save As Text*. A **Save As** dialog box opens. From the drop-down list associated with the *Save In* field, select *Desktop* and then click the **Save** button.

6. Open the text file and verify the information you entered before closing the PDF form. **Note**: When you close the PDF form, the information you entered is not saved within the form.

OASIS Individual User Account Maintenance Request

This form must be completed by an agency only for the following types of requests:

1. **Remove access** - Did someone leave the position? Are you replacing someone?
2. **Increase user limit** - If your agency requires more than two users for submissions/reporting, complete and submit this form. The QTSO Help Desk will contact you with further instructions.

Note: This form is for individual users only. Corporate and Third-Party Service Bureau Users must complete the *Corporate Access Request* or *Third Party Service Bureau User Request* form.

New agencies must provide their Facility ID used for test file submission in the Facility ID field

Type of Request (REQUIRED)
(must select at least one)

☐ Remove Access
(Remove all access from
an existing OASIS user)

☐ Increase Agency User Limit
(Request user accounts beyond
the limit, if required)

Reason for Request (REQUIRED)

Briefly explain the reason for this request: _____

Existing User Information
(required when Remove Access is checked)

First & Last Name: _____   User's Phone: _____

E-mail Address: _____   User's Account ID: _____
(if known)

Agency Information (REQUIRED)
(for the agency for which data will be submitted or reports requested)

Agency Name: _____   Medicare CCN : _____

☐ Check if access is for test file submission for a new agency   Facility ID : _____

Agency Physical Address: _____

Agency Mailing Address: _____

Contact Person / Administrator Authorization (REQUIRED)
(for the agency for which data will be submitted or reports requested)

Contact Person Name: _____   Contact Person Title: _____

Contact Person Phone: _____   Request Date: _____

E-mail Address: _____

Fax OR e-mail the completed form to the QTSO Help Desk
Fax: 888-477-7871   E-mail: help@qtso.com
Fax cover sheet must contain agency letterhead and must be sent from an agency fax machine
Please allow 5 business days for your request to be processed