

MDS 3.0 Manual Assessment Delete From Facility Request

Please Type or Print Legibly

Use this form to delete assessments from a facility.

Select only **ONE** of the three delete 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 deleted.

1. Delete **All** assessments from the facility

All assessments will be moved

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

Date from:

Date through:

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

Date from:

Date through:

Facility Information

Facility Name:

Facility ID:

State:

Facility Closed Date (if applicable):

Requestor (Administrator/Owner) Information

Name (full name):

Title:

Phone Number:

E-mail Address:

Assessment Information

Reason for Assessment Delete:
(Provide detailed description)

Approx. Number of Assessments
to Delete from Facility:

The State Agency will complete, sign and **fax**
this request to the iQIES Service Center at:

888-477-7871

iQIES Service Center Mail:

GDIT

iQIES Service Center

4800 Westown Pkwy., Suite 360

West Des Moines, IA 50266

Signature - State Agency Authorizer

Date

Phone Number:

E-mail Address:

Submit completed and signed form to your State Agency. Your State Agency
will approve, sign, and forward your request to the iQIES Service Center.