

Nevada Medicaid and Nevada Check Up
PASRR and LOC Copy Request

Purpose: To request from Nevada Medicaid a copy of a PASRR screening or LOC letter. Upload this request through the Provider Web Portal. If you are not an enrolled Nevada Medicaid provider, you may fax this request to: (855) 709-6847. **For questions regarding this form, call:** (800) 525-2395

DATE SUBMITTED:				
REQUESTING FACILITY INFORMATION				
Name:				
Phone:			Fax:	
Contact Name:			Professional Title:	
#	REQUEST	PATIENT NAME <i>(last name, first name)</i>	SOCIAL SECURITY NUMBER	NEVADA MEDICAID RESPONSE
1	<input type="checkbox"/> PASRR <input type="checkbox"/> LOC			<input type="checkbox"/> PASRR attached <input type="checkbox"/> No PASRR on file <input type="checkbox"/> LOC attached <input type="checkbox"/> No LOC on file <input type="checkbox"/> SSN does not match patient name
Notes:				
2	<input type="checkbox"/> PASRR <input type="checkbox"/> LOC			<input type="checkbox"/> PASRR attached <input type="checkbox"/> No PASRR on file <input type="checkbox"/> LOC attached <input type="checkbox"/> No LOC on file <input type="checkbox"/> SSN does not match patient name
Notes:				
3	<input type="checkbox"/> PASRR <input type="checkbox"/> LOC			<input type="checkbox"/> PASRR attached <input type="checkbox"/> No PASRR on file <input type="checkbox"/> LOC attached <input type="checkbox"/> No LOC on file <input type="checkbox"/> SSN does not match patient name
Notes:				
4	<input type="checkbox"/> PASRR <input type="checkbox"/> LOC			<input type="checkbox"/> PASRR attached <input type="checkbox"/> No PASRR on file <input type="checkbox"/> LOC attached <input type="checkbox"/> No LOC on file <input type="checkbox"/> SSN does not match patient name
Notes:				
5	<input type="checkbox"/> PASRR <input type="checkbox"/> LOC			<input type="checkbox"/> PASRR attached <input type="checkbox"/> No PASRR on file <input type="checkbox"/> LOC attached <input type="checkbox"/> No LOC on file <input type="checkbox"/> SSN does not match patient name
Notes:				
6	<input type="checkbox"/> PASRR <input type="checkbox"/> LOC			<input type="checkbox"/> PASRR attached <input type="checkbox"/> No PASRR on file <input type="checkbox"/> LOC attached <input type="checkbox"/> No LOC on file <input type="checkbox"/> SSN does not match patient name
Notes:				
7	<input type="checkbox"/> PASRR <input type="checkbox"/> LOC			<input type="checkbox"/> PASRR attached <input type="checkbox"/> No PASRR on file <input type="checkbox"/> LOC attached <input type="checkbox"/> No LOC on file <input type="checkbox"/> SSN does not match patient name
Notes:				
8	<input type="checkbox"/> PASRR <input type="checkbox"/> LOC			<input type="checkbox"/> PASRR attached <input type="checkbox"/> No PASRR on file <input type="checkbox"/> LOC attached <input type="checkbox"/> No LOC on file <input type="checkbox"/> SSN does not match patient name
Notes:				
9	<input type="checkbox"/> PASRR <input type="checkbox"/> LOC			<input type="checkbox"/> PASRR attached <input type="checkbox"/> No PASRR on file <input type="checkbox"/> LOC attached <input type="checkbox"/> No LOC on file <input type="checkbox"/> SSN does not match patient name
Notes:				
10	<input type="checkbox"/> PASRR <input type="checkbox"/> LOC			<input type="checkbox"/> PASRR attached <input type="checkbox"/> No PASRR on file <input type="checkbox"/> LOC attached <input type="checkbox"/> No LOC on file <input type="checkbox"/> SSN does not match patient name
Notes:				

Attach additional forms if necessary to make all requests.