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 *(last name, first name)*	SOCIAL SECURITY NUMBER	NEVADA MEDICAID RESPONSE
1	☐PASRR ☐LOC			☐PASRR attached ☐No PASRR on file ☐ LOC attached ☐ No LOC on file ☐ SSN does not match patient name
Notes:				
2	☐PASRR ☐LOC			☐PASRR attached ☐No PASRR on file ☐ LOC attached ☐ No LOC on file ☐ SSN does not match patient name
Notes:				
3	☐PASRR ☐LOC			☐PASRR attached ☐No PASRR on file ☐ LOC attached ☐ No LOC on file ☐ SSN does not match patient name
Notes:				
4	☐PASRR ☐LOC			☐PASRR attached ☐No PASRR on file ☐ LOC attached ☐ No LOC on file ☐ SSN does not match patient name
Notes:				
5	☐PASRR ☐LOC			☐PASRR attached ☐No PASRR on file ☐ LOC attached ☐ No LOC on file ☐ SSN does not match patient name
Notes:				
6	☐PASRR ☐LOC			☐PASRR attached ☐No PASRR on file ☐ LOC attached ☐ No LOC on file ☐ SSN does not match patient name
Notes:				
7	☐PASRR ☐LOC			☐PASRR attached ☐No PASRR on file ☐ LOC attached ☐ No LOC on file ☐ SSN does not match patient name
Notes:				
8	☐PASRR ☐LOC			☐PASRR attached ☐No PASRR on file ☐ LOC attached ☐ No LOC on file ☐ SSN does not match patient name
Notes:				
9	☐PASRR ☐LOC			☐PASRR attached ☐No PASRR on file ☐ LOC attached ☐ No LOC on file ☐ SSN does not match patient name
Notes:				
10	☐PASRR ☐LOC			☐PASRR attached ☐No PASRR on file ☐ LOC attached ☐ No LOC on file ☐ SSN does not match patient name
Notes:				

Attach additional forms if necessary to make all requests.