**FAX/Email COVER PAGE**

**Email**: NEPASRR@kepro.com

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| **To:** | KEPRO NE PASRR | **Fax:** | 844-421-3626 |
| **From:** | Ph# Fax# | **Date**: |  |
| **Re:** | Level I Clinical Review Supporting Documents  Level II Referral Packet | **Pages:** |  |

\*CONFIDENTIAL\*

\*\*Legal Representative (POA or Guardian) Name:­

Contact phone #:

Address:

\*With **ALL** Level II requests please fax a complete PASRR Level II request packet as soon as possible.

Required Level II packet documents include:

* NE PASRR OBRA-8
* Relevant Treatment Notes (History and Physical Exam, Medication list, Current Nursing/Medical/Case notes, Psychiatric/Psychological evaluation or notes if available)
* Minimum Data Set (MDS) if available

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