

# Agency Name: Kitsap Mental Health Svcs PARS

Assessment Category: PARS      Assessment Type: Continuing Care Review  
Assessment Name: Long Term < 6 mos

Mailing Address:      Street:      City: Bremerton      State: WA      Zip: 98337

Routine/Expedited:       Routine       Expedited

Justification of Service:      Other      Other: Client requires long te

Additional Information:

Clinician completing form:      F

Contact Phone:      3603731575      Agency Status:      Ready for Authorization

Authorization Status:      Authorization Request Date:

Information to Provider (Pend/Deny):

Authorization Coverage Dates:

Staff Completing Form:      Authorization Completion/Lock Date:

- Spell Check
- Save Draft
- Save Final
- Print
- Reset
- Cancel