



ITEMIZED BILL COVER SHEET

Instructions for completion:

- Section 1 must be complete at the time of submission.
- The form should be typed rather than handwritten.
- Submit the cover sheet and itemized statement by secure email: claimsiteitemizedbills@caresource.com or by sending a fax to **937-396-3173** or toll free at **844-794-1579**.
- The size of the file is limited to 12MB. Large files should be sent in multiple emails. Please fill out Section 2 below accordingly. Please submit the cover sheet with each email.

Section 1 - REQUIRED

<p><u>Line of Business:</u> _____</p> <p>*Use the following as applicable: Indiana / Kentucky / Ohio / West Virginia Medicaid/ Marketplace / Medicare Advantage / MyCare</p> <p><u>Provider Contact E-mail:</u> _____</p> <p><u>Patient Name:</u></p> <p>Last: _____ First: _____</p> <p><u>CareSource ID:</u></p> <p># _____</p> <p><u>Dates of service:</u></p> <p>From _____ Thru _____</p>
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Section 2 – OPTIONAL (as appropriate)

<p><u>Will the itemized bill need to be split up into multiple emails due to size? :</u></p> <p><input type="checkbox"/> Yes If yes, how many? : _____</p> <p><input type="checkbox"/> No</p>
