CareSource™
PASSE

Completed Rosters should be emailed to: **IACoordination@CareSourcePASSE.com**. Allow 5 business days for processing.

All fields must be filled out

Member Medicaid ID	Member First Name	Member Last Name	Member DOB	Provider Name	Provider Tax ID	Provider Primary POC - Name	Provider Primary POC - Email	Provider Primary POC - Phone#

AR-PAS-P-1862986