CareSource PASSE

CareSource RxInnovations

Fax form to: **1-855-685-0005**

Change in Facility Request
Medical Benefit Only

Submitter Name/Title	
Submitter National Provider Identifier (NPI) Number	
Phone Number	
Fax Number	
Member Information	
Member Name	
CareSource PASSE™ Member ID Number	
Member Date of Birth	
Prior Authorization	
Original Prior Authorization Number	
Original Approval Duration	
Drug Name & Healthcare Common Procedure Coding System (HCPCS)	
Current Servicing Provider	
Current Provider Name	
NPI Number	
Tax ID Number	
Treatment Date Range	
New Servicing Provider	
New Provider Name	
Address	
NPI Number	
Tax ID Number	
Treatment Date Range	