



## Network Notification

**Date:** February 5, 2014

**Number:** OH-P-2014-03

**To:** CareSource Just4Me™ Providers

**From:** CareSource

**Subject:** CareSource Just4Me™ Claims Submission

CareSource Just4Me™ is now live and has some differences compared to our other Ohio plans. Please ensure that you are following the guidelines below when submitting claims to reduce the possibility that your claim will be denied.

**CareSource Just4Me claims submission:** Be sure to provide the complete CareSource Just4Me member ID number of the patient, including the last two digits (the suffix) when submitting a claim. See below for where you can find this information on the CareSource Just4Me member ID card.

The diagram shows a member ID card for 'Just4Me™ Ultra - Dental & Vision' under the 'CareSource' logo. The card contains the following information:

- Member:** John Doe
- Member ID:** 1480000000-00 (highlighted with a box and an arrow pointing to a callout)
- Health Plan:** (XXXXX) XXX-XX-XXXX
- Payer ID:** XXXXX
- Dependents:**
  - 01 Jane Doe
  - 02 John Doe
  - 03 Mike Doe
  - 04 Ron Doe
  - 05 Susan Doe
  - 06 Sara Doe
  - 07 Joe Doe
  - 08 Sam Doe(The list is highlighted with a box and an arrow pointing to a callout)
- Office:** \$0.00   **ER:** \$0.00   **Spec:** \$0.00   **UrgCare:** \$0.00
- MISC-OH001/OH002 (Rev.11/13)-02a**

**Member ID Number**  
This is the ID number of the plan holder.

**Dependents**  
Please ensure that you include the dependent suffix when submitting your claims.

If you have any questions, please call our Provider Services Department at **1-800-488-0134**. You can also access additional resources [here](#).