



# NETWORK Notification

**Notice Date:** January 1, 2026  
**To:** CareSource® MyCare Ohio (HMO D-SNP) Providers  
**From:** CareSource  
**Subject:** Refund Check Lock Box Address  
**Effective Date:** January 1, 2026

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## Summary

CareSource MyCare Ohio has updated the address for refund check submissions. Effective immediately, please send refund checks to:

CareSource MyCare Ohio  
P.O. Box 706365  
Cincinnati, OH 45270-6365

The addresses listed above are for refund check submissions only. Correspondence other than refund checks submitted to these lock boxes will cause a delay in the processing of the checks and remaining correspondence.

To streamline the process of submitting refund checks, CareSource MyCare Ohio has created a form to help ensure timely and accurate processing. The Claim Recovery Request Form is available to download on [CareSource.com](http://CareSource.com). A separate form and appropriate documentation must be submitted for each refund check.

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