

A. SUBSCRIBER INFORMATION

1a. Member ID	2a. Health Plan	3a. Phone #:	
4a. Last Name:	5a. First Name:	6a. MI:	7a. Date of Birth
8a. Home Address:			
9a. City:	10a. State:	11a. Zip Code:	

B. PATIENT INFORMATION

1b. Patient's Member ID:			
2b. Last Name:	3b. First Name:	4b. MI:	5b. Date of Birth
6b. Home Address:			
7b. City:	8b. State:		9b. Zip Code:
10b. Sex: M F	11b. Relationship to Subscriber:	12b. Full Time Student: Yes No	13b. School Name:

C. ACCIDENT INFORMATION (if applicable)

1c. Accident Work Auto Other	2c. Date Accident Occurred:
3c. How did the accident occur?	

D. OTHER INSURANCE

1d. Is the patient covered by another insurance plan? Yes No If yes, please complete the following:	
2d. Name of person carrying other insurance:	3d. Date of Birth
4d. Member ID:	5d. Name of Other Insurance Carrier:
6d. Policy Number:	7d. Employer Name:
8d. ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESENTATION OF ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY BE SUBJECT TO CIVIL PENALTIES. I CERTIFY THAT THE INFORMATION SUPPLIED IS TRUE AND CORRECT. Member or Parent/Guardian Signature: _____ Date: _____	

E. ASSIGNMENT OF BENEFITS

1e. Please sign below <i>only if you want CareSource to pay benefits directly to the provider of medical services.</i>	
Member or Parent/Guardian Signature: _____ Date: _____	

GUIDELINES FOR SUBMITTING CLAIMS TO CareSource

- Clip, do not staple, all bills to the completed form and mail them to **CareSource** at the address listed below.
- **Make sure all bills indicate a diagnosis code, procedure code, date of service and cost.**
- **Provide a copy of either a UB92 or HCFA1500 form (this form can be obtained from your provider of service.)**
- Please include your **Member #** on all documents, and submit all claims to CareSource in a timely manner.
- Submit claims to: **P.O. Box 8730, Dayton, OH 45401-8730**
- This form may not be used for pharmacy claims

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-844-607-2829 (TTY: 1-800-743-3333 or 711)

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸው። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-844-607-2829 (TTY: 1-800-743-3333 or 711) ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သိမဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-844-607-2829 (TTY: 1-800-743-3333 or 711) ဤတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-844-607-2829 (TTY: 1-800-743-3333 or 711)。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-607-2829 (TTY: 1-800-743-3333 or 711) tiin bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-844-607-2829 (TTY: 1-800-743-3333 or 711) an.

GUJARATI જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે iથી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મે હિંદી મેળિનિં આવિક ર છ. તે અર્થે વિન તમ રી ભ ષ મ i પ્ર પ્ત કરી શક ર છ. દ ભ વપરો તિ કરિ મ દે, આ 1-844-607-2829 (TTY: 1-800-743-3333 or 711) પર કોલ કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, 1-844-607-2829 (TTY: 1-800-743-3333 or 711)।

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

JAPANESE

ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます (無償)。通訳をご利用の場合は、1-844-607-2829 (TTY: 1-800-743-3333 or 711) にご連絡ください。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받을 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-607-2829 (TTY: 1-800-743-3333 or 711) uffrufe.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

Notice of Non-Discrimination



CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-844-607-2829 (TTY: 1-800-743-3333 or 711)

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.