



ITEMIZED BILL COVER SHEET

Instructions for completion:

- *Section 1* must be complete at the time of submission.
- The sheet should be typed rather than handwritten.
- Submit the cover sheet and itemized statement using any of the following methods:
 - **Email: ClaimsItemizedBills@CareSource.com**
File size is limited to 12MB. Large files should be sent in multiple emails.
 - **Fax: 1-937-396-3173 | toll free: 1-844-794-1579**
- Please fill out *Section 2* below accordingly.
- Submit a cover sheet with each email.

Section 1 - REQUIRED

Line of Business*: _____

*Use the following as applicable:

State: Georgia / Indiana / Ohio / Nevada / West Virginia / Wisconsin

Plan: Marketplace / Medicaid / Medicare Advantage / MyCare

Patient Name:

Last: _____

First: _____

CareSource ID: _____

Dates of service:

From: _____

Through: _____

Section 2 – OPTIONAL (as appropriate)

Will the itemized bill need to be split up into multiple emails due to size?

☐ Yes

If yes, how many? _____

☐ No