ITEMIZED BILL COVER SHEET

Instructions for completion:

- Section 1 must be complete at the time of submission.
- The form should be typed rather than handwritten.
- Submit the cover sheet and itemized statement by secure email: claimsitemizedbills@caresource.com **or** by sending a fax to **937-396-3173** or toll free at **844-794-1579**.
- The size of the file is limited to 12MB. Large files should be sent in multiple emails. Please fill out Section 2 below accordingly. Please submit the coversheet with each email.

Section 1 - REQUIRED

Line of Business*: Indiana Medicaid

Patient Name:

Last: _____ First: _____

CareSource ID:

_____

Dates of service:

From_____ Thru _____

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