



## ***Network Notification***

**Notice Date:** March 15, 2019  
**To:** Indiana Providers  
**From:** CareSource®  
**Subject:** High Dollar Claims

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CareSource is committed to processing your claims as efficiently as possible. When submitting High Dollar claims (claims with billed charges over \$500,000) after January 2019, please fill out and attach the itemized bill cover sheet. You can find this cover sheet on **CareSource.com** under the [Forms](#) or [Claims](#) pages.

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 email: [claimsititemizedbills@caresource.com](mailto:claimsititemizedbills@caresource.com) **or** by sending a fax to **1-937-396-3173** or toll free at **1-844-794-1579**.
- 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 use the coversheet when submitting itemized bills for both new claims and corrected claims.

If you have questions, we are here to help. Please contact Provider Services, at **1-800-607-2831**, Monday through Friday, 8 a.m. through 6 p.m. Eastern Standard.

We appreciate and value your partnership and service provided to your CareSource patients.