CareSource
Health Care with Heart

CareSource Rxinnovations

Fax form to: **1-855-685-0005**

Change in Facility Request
Medical Benefit Only

Submitter Name/Title	
Submitter National Provider Identifier (NPI) Number	
Phone Number	
Fax Number	

Member Information

Member Name	
CareSource Member ID Number	
Member Date of Birth	

Prior Authorization

Original Prior Authorization Number	
Original Approval Duration	
Drug Name & Healthcare Common Procedure Coding System (HCPCS)	

Current Servicing Provider

Current Provider Name	
NPI Number	
Tax ID Number	
Treatment Date Range	

New Servicing Provider

New Provider Name	
Address	
NPI Number	
Tax ID Number	
Treatment Date Range	