



**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](mailto: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 cover sheet with each email.

**Section 1 - REQUIRED**

<p><b><u>Line of Business:</u></b> _____</p> <p>*Use the following as applicable: North Carolina Marketplace</p> <p><b><u>Provider Contact E-mail:</u></b> _____</p> <p><b><u>Patient Name:</u></b></p> <p>Last: _____ First: _____</p> <p><b><u>CareSource ID:</u></b></p> <p># _____</p> <p><b><u>Dates of service:</u></b></p> <p>From _____ Thru _____</p>
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**Section 2 – OPTIONAL (as appropriate)**

<p><b><u>Will the itemized bill need to be split up into multiple emails due to size? :</u></b></p> <p><input type="checkbox"/> Yes    If yes, how many? : _____</p> <p><input type="checkbox"/> No</p>
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