



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	
<b>Member Information</b>	
Member Name	
CareSource Member ID Number	
Member Date of Birth	
<b>Prior Authorization</b>	
Original Prior Authorization Number	
Original Approval Duration	
Drug Name & Healthcare Common Procedure Coding System (HCPCS)	
<b>Current Servicing Provider</b>	
Current Provider Name	
NPI # { } ^!	
Tax ID # { } ^!	
Treatment Date Range	
<b>New Servicing Provider</b>	
New Provider Name	
Address	
NPI # { } ^!	
Tax ID # { } ^!	
Treatment Date Range	

NC-EXC-P-2609914

Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource