



NETWORK *Notification*

Notice Date: January 1, 2026
To: Nevada Medicaid Providers
From: CareSource
Subject: New Address for Refund Checks
Effective Date: January 1, 2026

Summary

CareSource has updated the address for refund check submissions. Effective immediately, please send refund checks to:

CareSource Nevada
P.O. Box 632632
Cincinnati, OH 45263-2632

Impact

The address listed above is for refund check submissions only. Correspondence other than refund checks submitted to this lock box will cause a delay in the processing of the checks and remaining correspondence.

Importance

To streamline the process of submitting refund checks, CareSource has created a form to help ensure timely and accurate processing. The Claim Recovery Request Form is available to download on **CareSource.com**. A separate form and appropriate documentation must be submitted for each refund check.

Questions?

Please contact Provider Services at **1-833-230-2112**, available Monday through Friday, 8 a.m. to 6 p.m., Pacific Time (PT), with any questions.

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