



Network Notification

Date: April 2, 2013

Number: OH-P-2013-06

To: Ohio Providers

From: CareSource

Subject: Provider Information Maintenance Reminder

By providing us with current information, we can help provide better service to you and your members.

Below is the minimum notice required for changes in your information:

Type of Change	Notice Required
New Providers or Deleting Providers	Immediate
Providers leave the practice	Immediately upon provider notice
Phone number change	10 calendar days
Address change	60 calendar days
Change in capacity to accept Members	60 calendar days
Providers Intent to Terminate	90 calendar days

If a change such as those listed above arises, you can let us know by contacting us at:

Email: providermaintenance@caresource.com

Fax: 937-396-3076

Mail: CareSource
P.O. Box 8738
Dayton, OH 45401-8738
Attn: Provider Maintenance

Thank you in advance for your cooperation.