



NETWORK *Notification*

Notice Date: October 16, 2024
To: HAP CareSource Providers
From: HAP CareSource
Subject: High-Dollar Claims

Summary

HAP CareSource™ is committed to processing your claims as efficiently as possible. When submitting high-dollar claims (claims with allowed amounts over \$500,000), please fill out and attach the itemized bill cover sheet. You can find this cover sheet on **HAPCareSource.com** under the [Forms](#) or [Claims](#) pages. This is required for us to process the request.

Instructions for completion:

- Section 1 of the form must be completed at the time of submission.
- Submit the cover sheet and itemized statement by:
 - **Email:** Claimsitemizedbills@CareSource.com
 - **Fax:** 1-937-396-3173
 - **Toll-free Phone:** 1-844-794-1579
- The size of the file is limited to 12MB. Large files can be sent in multiple emails/fax submissions. Please fill out Section 2 on the form accordingly.
- Please use the cover sheet when submitting itemized bills for both new claims and corrected claims.

If you have questions, we are here to help. Please contact Provider Services at **1-833-230-2102**, Monday through Friday, 8 a.m. through 6 p.m. Eastern Time (ET).

We appreciate and value your partnership and service provide to your HAP CareSource patients.

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