



## ITEMIZED BILL COVER SHEET

### Instructions for completion:

- *Section 1* must be complete at the time of submission.
- The sheet should be typed, rather than handwritten.
- Submit the cover sheet and itemized statement using any of the following methods:
  - Email: ClaimsItemizedBills@CareSource.com
  - Fax: 1-937-396-3173
  - Phone (toll free): 1-844-794-1579
- File size is limited to 12MB. Large files should be sent in multiple emails.
- Please fill out *Section 2* below accordingly.
- Submit a cover sheet with each email.

### Section 1 - REQUIRED

<p><b>Line of Business*:</b> _____</p> <p>*Use the following as applicable: Wisconsin Marketplace</p> <p><b>Patient Name:</b></p> <p>Last: _____</p> <p>First: _____</p> <p><b>CGHC ID:</b> _____</p> <p><b>Dates of service:</b></p> <p>From: _____</p> <p>Thru: _____</p>
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### Section 2 – OPTIONAL (as appropriate)

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