



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
File size is limited to 12MB. Large files should be sent in multiple emails.
 - **Fax:** 1-937-396-3173 | toll free: 1-844-794-1579
- Please fill out *Section 2* below accordingly.
- Submit a cover sheet with each email.

Section 1 - REQUIRED

Line of Business*: _____

*Use the following as applicable:

State: Massachusetts

Plan: CCA One Care (HMO D-SNP) / CCA Senior Care Options (HMO D-SNP) /
CCA One Care (Medicare-Medicaid Plan)

Patient Name:

Last: _____

First: _____

Commonwealth Care Alliance, Inc. ID: _____

Dates of service:

From: _____

Thru: _____

Section 2 – OPTIONAL (as appropriate)

Will the itemized bill need to be split up into multiple emails due to size?

Yes

If yes, how many? _____

No