

## **Network Notification**

Notice Date:February 10, 2020To:All Ohio Plans and Marketplace ProvidersFrom:CareSourceSubject:Instructions on Attaching Medical Records in Provider Portal

**CareSource Provider Portal Medical Record Attachments** 

Caresource.com
Abortion Hysterectomy Sterilization
Re-Admission Re-Admit Original Discharge Unlisted
Code

Abortion, Hysterectomy and Sterilization Consent Form

Member Eligibility				
	< Transie kolicea i			60 C210 10 K
PR04		for service on the specified date	Medicaid Id:	10070
Date of Service	971072019	[ #2338		
Member Information				
OH, 44109	CareSource Id:	Triation Adda	City, State, Zi	D: Cleveland.
County: Cuyahoga		Medicaid Id: Medicare Id:		
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ubscriber:			rofile Report Definitions s <18 years of age - SSI. If the Memb compared to the second seco	

**Upload Consent** 

Form

Member Information

**Upload Consent Form** 

Procedure Type

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