



PATIENT INFORMATION

SUBMIT APPEALS AND CLAIM DISPUTES

- x Providers/facilities have three (3) months from the Explanation of Payment (EOP) to file a claim dispute.
- x If an incomplete dispute is submitted, the provider will receive a letter indicating the request is complete and you will have ten (10) calendar days to resubmit.
- x Caresource will render a Payment Dispute decision letter within fifteen (15) days of receipt.

Please do NOT use this form to submit corrected claims. Corrected claims should be sent to:

CareSource Claims Dept., P.O. Box 803, Dayton, OH 45401.

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