

For  
P.O.  
ph  
the  
HI

In relation to electronic claims submission (837), the provider's billing address must be an actual street address in location Loop ID 2010AA. A P.O. Box address may be used in the Pay-To location Loop ID 2010AB if needed.

**Questions?**

For questions regarding claim submissions, please contact CareSource's Provider Services at **1-844-607-2831** (Hoosier Healthwise/Healthy Indiana Plan) or **1-866-286-9949** (Marketplace).

IN-P-0411

Date Issued: 4/9/18

Date Approved: 4/3/18