

“Unpublished Provider Data Option”

Providers may now elect to have their own Provider data such as their name, address, phone number and fax number unpublished and unavailable to the public.

When a Provider elects to have their Provider data unpublished they are electing to have **all their data unpublished** not just their name or their address or their phone number.

When a Provider elects to have their Provider data unpublished ***the data will be removed from all Provider search results and will not be available to any Consumer or any Case Manager seeking a Provider for service.***

All Unpublished Provider data as well as Published Provider data will remain available for The State of Ohio and CareStar Management.

To request that your Provider data be unpublished you must submit a written request to CareStar to have it unpublished.

All requests must include the Providers name, Provider number, Provider phone number, Provider signature and date.

Only letters from Provider requesting their own information be unpublished will be accepted. All Providers requesting to have their information unpublished will be contacted by phone to verify.

Send all Unpublished Provider Data Request to the CareStar Provider Enrollment in your region.

To locate the Provider Enrollment office in your region call 1-800-423-1046.

**Please remember that all Providers are required to keep all their data such as name, address, phone number and fax number current. Failure to keep data current may result in loss of Provider Number.*

Unpublished Provider Data Request Form

Please Print, complete and mail to the Care Star Provider Enrollment office in your region.

Provider Name _____

Provider Number: _____

Provider Phone Number: _____

I _____ would like to request that all my Provider data such as my name, my address, my phone number and my fax number be unpublished and unavailable to the public.

I understand that by requesting to have my Provider Data unpublished **the data will be removed from all Provider search results and will not be available to any Consumer or any Case Manager seeking a Provider for service.**

I understand that my Unpublished Provider data will remain accessible to The State of Ohio and CareStar Management.

Providers Signature: _____

Date _____

**Please remember that all Providers are required to keep their data up to date and accurate or risk losing their Provider number.*