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State Health Benefits Program Retiree Wellness Program
Annual Physician Certification

Must be received by December 31st for each calendar year you are enrolled in the SHBP Retiree Wellness Program. Do not submit if you are not currently enrolled in the Retiree Wellness Program. Incomplete forms will not be accepted. Fax: 1-973-274-4485, Attn: SHBP Retiree Wellness Program; or Mail: Horizon BCBSNJ P.O. Box 820 Newark NJ 07101-0820

Please Print

See next page for detailed instructions>>>

Section A (To Be Completed by Retiree)

Horizon-BCBSNJ member ID Number: 3 H Z N

Last Name: First Name:

Date of birth (MM/DD/YYYY): Phone:

Date of Annual Physical (MM/DD/YY):

Member Signature\*: Date:

Section B (To Be Completed by Attending Physician)

See next page for detailed instructions>>>

Date of Annual Physical (MM/DD/YY): (Annual Physical Exam must be rendered in the current calendar year)

List all health screenings completed this year dates of completion. Use additional sheet of paper if necessary.

Health Screening: Date:

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Health Screening: Date:

Health Screening: Date:

Physician's First Name: Last Name:

Phone:

Physician Signature\*: Date:

Tax ID or NPI#:

\*I certify that the information provided above is correct and authorize any provider who participated in care treatment to release all medical or other information requested by Horizon Blue Cross Blue Shield of New Jersey in conjunction with the Retiree Wellness Program. This information is for the sole use of the State of New Jersey and Horizon BCBSNJ to administer the Retiree Wellness Program. Fraud warning: Any person who knowingly files a statement containing false or misleading information is subject to criminal and civil penalties.

We will advise the SHBP that you have completed the annual physical exam with health screenings requirement of the Retiree Wellness Program. Your individual results will not be reported to the SHBP.

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# SHBP RETIREE WELLNESS PROGRAM ANNUAL PHYSICIAN CERTIFICATION FORM

(For eligible Horizon BCBSNJ SHBP State Retiree Subscribers only)

To maintain enrollment in the SHBP Retiree Wellness Program, you must have a *complete physical exam each calendar year you are enrolled in the program* and submit an Annual Physician Certification each year to be **received** by Horizon BCBSNJ **by December 31st**.

## -Submission Instructions-

- NJ DIRECT and Horizon HMO cover one annual routine physical exam per calendar year. Submission of the Annual Physician Certification should be based on this examination. Please submit only one Annual Physician Certification per calendar year.
- Do not submit this form if you are not currently enrolled in the Retiree Wellness Program.
- Date of annual physical exam must indicate it was rendered in the current calendar year.
- Complete only Section A on the reverse side of this form and sign the form.
- Have your physician complete Section B at this year's annual physical exam. Section B must include:
  - o Physician's Name, Phone #, Signature, TAX ID# or NPI#;
  - o Date of your most recent complete annual physical exam;
  - o Other wellness screenings you had this year and the dates of service.
- **If the form is missing any information or is illegible, it will not be processed.** All fields are required, including your **Horizon BCBSNJ SHBP Member Card ID number**.
- Retain a copy of your Annual Physician Certification submissions for your records.
- Please submit your Annual Physician Certification to Horizon BCBSNJ as follows:

**FAX:** 1-973-274-4485, Attention: SHBP Retiree Wellness Program

NOTE: Be sure to transmit the correct side of the form (Face-up vs. face-down)

NOTE: Always retain a successful fax transmission receipt for your records

**MAIL:** Horizon Blue Cross Blue Shield of New Jersey  
Attention: SHBP Retiree Wellness Program  
P. O. Box 820  
Newark, New Jersey 07101-0820

NOTE: We suggest retaining a postal receipt for your records.

- **Verify for yourself before December 31st if your Certification was received!** Visit [www.HorizonBlue.com/rewardslobby](http://www.HorizonBlue.com/rewardslobby); log in with your Horizon BCBSNJ Member Online Services User ID and password; click Wellness & Services, then Health Resources, then My Health Manager and Rewards. Review your compliance record.

**(Please allow 15 business days for Certification to be recorded.)**

For program information and forms, visit [www.HorizonBlue.com/retireewellness](http://www.HorizonBlue.com/retireewellness).

For further assistance, call Horizon BCBSNJ SHBP Member Services at 1-800-414-7427.

Thank you for participating in the SHBP Retiree Wellness Program!