



Horizon Blue Cross Blue Shield of New Jersey

**HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY
ELECTRONIC TRANSACTION AUTHORIZATION FORM**

Health Care Professional, Hospital, Facility or Trading Partner Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact: _____

Phone: _____ Fax: _____

E-mail Address: _____

Tax ID: _____ Group NPI Number: _____
(Required for Hospital, Facility, Physician & Other Health Care Professional)

Individual NPI Number: _____

Alpha Suffix(s): _____ Sub Part ID Number: _____
(Required for Multispecialty Groups with assigned suffix)

Hospital and Facility Number: _____ Sub Part ID Number: _____
(Required for Hospital and Facility only)

Mode of Transmission:

Please check only one.

Specific to:	Rules and Regulations
<input type="checkbox"/> HorizonNet 2000 Notice of Admission/ Request for Authorization	In the case that we use HorizonNet 2000, we agree to authorize Horizon Blue Cross Blue Shield of New Jersey access to our Horizon BCBSNJ Electronic Submission ID for installation on our computer. We agree to maintain the confidentiality of our Submission ID and Password and prevent unauthorized users from committing data security violations with our Submission ID and Password. We realize that it is our responsibility to retrieve any and all reports that are put in our electronic mailbox by Horizon BCBSNJ detailing the results of our transmission(s). We agree to notify Horizon BCBSNJ if we discontinue sending electronic transmissions through HorizonNet 2000..
<input type="checkbox"/> *Clearinghouse Or <input type="checkbox"/> *Billing Service	We agree to authorize the billing service or clearinghouse named below to submit our Horizon BCBSNJ claims electronically. We realize that it is our responsibility to assure that we receive from our billing service or clearinghouse any and all reports that are sent electronically from Horizon BCBSNJ to our billing service or clearinghouse detailing the results of our transmission(s). We agree to notify Horizon BCBSNJ if we discontinue sending electronic transmission through the below named trading partner and before beginning to use any other trading partner to send electronic transmissions.
<input type="checkbox"/> Hospital, Facility, Physician or Other Health Care Professional Programming Horizon BCBSNJ Specification	We agree to fully program all aspects of the Horizon BCBSNJ Specification for the transactions we desire to send electronically to assure accurate and complete data transmission. We agree to program all transaction specific edits as outlined in the Horizon BCBSNJ Specification to assure a limited number of rejects. We agree to make all programming changes requested by Horizon BCBSNJ as promptly as reasonably possible. We agree to maintain the confidentiality of our Test and Production Submission IDs and Passwords and prevent unauthorized users from committing data security violations with our Submission IDs and Passwords. We realize that it is our responsibility to retrieve any and all reports that are put in our electronic mailbox by Horizon BCBSNJ detailing the results of our transmission(s). We agree to notify Horizon BCBSNJ if we discontinue sending electronic transmissions and before beginning to use other means of electronic transmissions.

*If you checked Software Vendor, Clearinghouse or Billing Service ("Trading Partner"), please provide the name of your software vendor, clearinghouse, or billing service below:

Name of Trading Partner: _____

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 Three Penn Plaza East, Newark, New Jersey 07105-2200



Electronic Transactions Available:

Please check ***ONLY*** the electronic transactions that you are applying for:

Claims: <input type="checkbox"/> Physician or other Health Care Professional Or <input type="checkbox"/> Hospital or Facility	We agree that the information on claims submitted electronically will be true, accurate and complete; and agree to keep such records as are necessary to disclose fully the extent of services and allow Horizon BCBSNJ reasonable access to all source documents and medical records related to any claim. We accept the liability for all claims submitted to Horizon BCBSNJ and will promptly refund any overpayment made by Horizon BCBSNJ on electronic claims. We realize that anyone who falsifies electronic claims information may, on conviction, be subject to fines and/or imprisonment under Federal Law. We agree that it is our responsibility to reconcile claim response reports / messages received from Horizon BCBSNJ, including acknowledgement of claim receipt from Horizon BCBSNJ, to assure our claims were received by Horizon BCBSNJ.
<input type="checkbox"/> Requests for Authorization (Req Auth)	We agree that any and all Req Auths sent electronically contain true, accurate and complete information. We agree that it is our responsibility to assure that Horizon BCBSNJ has received our Req Auths by reconciling response reports returned to us.
<input type="checkbox"/> Eligibility	We realize that the eligibility information returned by Horizon BCBSNJ is contingent on the information available at the moment of transmission. We understand that eligibility for a particular patient may change between the time of inquiry and the time the claim is processed. Payment determinations will be made based on eligibility at the time that services are provided.
<input type="checkbox"/> Referrals	We agree that any and all information contained on our electronic referrals is based on medical necessity. We understand that acceptance of this referral does not guarantee payment. We understand that payments are determined based on contracts and contract limitations. We agree that it is our responsibility to assure that Horizon BCBSNJ has received our referrals by reconciling response reports returned to us.
<input type="checkbox"/> Premium Payment	We realize that this transaction is used for the purpose of reporting payroll deducted and other group premiums for all users sending premium payments to Horizon BCBSNJ. We agree that it is our responsibility to ensure funds are available to cover premiums.
<input type="checkbox"/> Benefit Enrollment	We agree that the information submitted electronically will be true, accurate and complete. We realize this transaction is used only to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to Horizon BCBSNJ. We accept the liability for all files submitted to Horizon BCBSNJ.
<input type="checkbox"/> Claim Status	We realize that the request for the status of a health care claim or encounter is contingent on the claim information available at the time of transmission.

Signature

Title

Print/Type Name

Date

Mail or Fax completed form to:
 Horizon Blue Cross Blue Shield of New Jersey
 EDI Services PP-11C
 3 Penn Plaza East
 Newark, NJ 07105-2200
 Attention: Horizon-BCBSNJ ERA Enrollment
 HorizonEDI@HorizonBlue.com
 Fax Number: 1-973-274-4353