



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work™

## HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY Small Group Dental Services Internet Group Enrollment Fax

<b>TO: Joan Vitro</b> <b>(732) 938-1318</b>	<b>FROM:</b>
<b>DATE:</b>	<b>#OF PAGES:</b>
<b>NAME OF GROUP:</b>	

### Included in this submission (if applicable):

This information should only be faxed to dental sales, if this is a dental only group.

- Quote
- Copy of Binder Check- Mail original to :  
Horizon Blue Cross Blue Shield of New Jersey, Small Group Dental Services  
Attn: Joan Vitro  
3 Penn Plaza East, PP-03C  
Newark, New Jersey 07105
- Automatic Pay Plan Application/Voided Check
- Prior Carrier Bill
- Student Verification                       Attached                       Will follow
- Marriage Certification                       Attached                       Will follow
- Certificate of Domestic Partnership

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_