



Horizon Blue Cross Blue Shield of New Jersey

HORIZON BCBSNJ Dental Programs
Three Penn Plaza East PP-13Y
Newark, NJ 07105-2200
1-800-433-6825
HorizonBlue.com

NATIONAL PROVIDER IDENTIFIER (NPI) COLLECTION FORM

Dental Group/Practice

Please complete the following information regarding your organization's National Provider Identifier*. Use of the NPI will be required for electronic HIPAA-compliant transactions.

Mail or fax completed forms and CMS NPI Notifications to 973-274-2202 or to Horizon BCBSNJ Dental Programs, Attn: Manager Dental Services, PP-13Y, 3 Penn Plaza East, Newark, NJ 07105-2200.

Please print or type

Organization Name: _____

Organization NPI 1: _____ Organization NPI 2*: _____

Address 1: _____
Street

City State ZIP Code + 4 (required)

TIN 1: _____

Address 1: _____
Street

City State ZIP Code + 4 (required)

TIN 2: _____

This section must be completed for verification purposes.

Contact Name: _____

Phone Number: _____ E-mail: _____

Signature: _____ Date: _____

*** Please Note:** To report additional group/ practice NPIs please photocopy this form. To report individual dentist NPIs, please use the Individual Dentist NPI form.