



Horizon Blue Cross Blue Shield of New Jersey



Horizon Blue Cross Blue Shield of New Jersey EDI Services 835 Trading Partner Checklist

Trading Partner must complete the following Checklist. E-mail to the EDI Helpdesk Mailbox at <HorizonEDI@HorizonBlue.com> or fax to 973-274-4353.

You may complete the required fields below online and then save or print a copy for submission. To save a completed copy to your computer, choose File > Save As to rename the file and save the form with your information to your computer.

Trading Partner Information:

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ - _____ - _____

Contact Information:

General Contact: _____

Telephone Number: _____ - _____ - _____ E-mail Address: _____

IS Contact (Day): _____

Telephone Number: _____ - _____ - _____ E-mail Address: _____

After Hours Notification Contact: _____

Telephone Number: _____ - _____ - _____

Please specify:

Vendor Clearinghouse

Tax ID # UPIN # NPI

Do you currently have connection with Horizon BCBSNJ?

Yes, I have a direct connection using the following mode of communication SFTP NDM

Yes, I have an indirect connection through a vendor. Please provide the vendor name:

No, I have no connection.

Note: Hospitals with firewall issues contact your I/S department - allow for SFTP, which is port # 22 (use URL EDISFTP.HORIZON-BCBSNJ.COM to restrict connection to just Horizon BCBSNJ)

Note: Please advise if you would like to receive 999's - whether for acknowledgements or rejects-for the 835 transaction.

YES NO