



Horizon Blue Cross Blue Shield of New Jersey

Inquiry Request and Adjustment Form

Physician/Health Care Professional Institutional Provider

NOT TO BE USED FOR INITIAL CLAIMS SUBMISSION

Request For (check one only)

Date of Contact: _____
MM DD YYYY

Adjustment Recapture/Overpayment Corrected Claim Claim Inquiry
 Enrollment Issue Benefit Inquiry Other: _____

Place of Service (check one only)

Office Inpatient Ambulatory Surgery Center Skilled Nursing Facility
 Outpatient Home Health Care Other _____

Claim Type (check one only)

Full Benefit/Horizon BCBSNJ Primary BlueCard/ITS Workers' Comp/No-Fault
 Secondary to Medicare COB Other: _____

Physician/Health Care Professional/Institutional Provider

Name: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Tax ID #: _____ (Include Suffix) NPI #: _____
Health Plan ID #: _____
Office Contact Name: _____
Telephone #: _____ (Include Area Code) Ext. #: _____

Subscriber/Patient Information

Subscriber's Name: _____
Subscriber's ID #: _____ (Include Prefix)
Patient's Name: _____
Patient's DOB: _____ (MM DD YYYY) Patient Account #: _____
Date of Service/Admission: _____ (MM DD YYYY) Last Date of Service: _____ (MM DD YYYY)
Claim #: _____ Total Charges: _____ \$

Details of Request (if corrected claim, specify correction. Please attach supporting documents related to the request):

For Horizon BCBSNJ Use Only

Amount Paid: _____ Payee: Provider Subscriber Penalty Against: Provider Subscriber
Deductible: _____ Copayment: _____ Coinsurance: _____
Claim #: _____ Claim Process Date: ____/____/____ Service Request #: _____
Check #: _____ Check Amount: _____ Check Status: _____ Date Cashed: ____/____/____
Name of Horizon BCBSNJ Representative: _____ Date of Horizon BCBSNJ Response: ____/____/____
Details of Response: _____

Physician/Healthcare Professional send to: Horizon BCBSNJ, P.O. Box 199, Newark, NJ 07101-0199

Institutional Providers send all to: Horizon BCBSNJ, P.O. Box 1770, Newark, NJ 07101-1770

Send all FEP inquiries to: Horizon BCBSNJ, P.O. Box 656, Newark, NJ 07101-0656

Send all BlueCard inquiries to: Horizon BCBSNJ, P.O. Box 1301, Neptune, NJ 07754-1301

Information on your appeal rights is available at: <https://services5horizonbcbsnj.com/eprise/main/horizon/tsnj/tsweb/appeals.html>

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