



Horizon Blue Cross Blue Shield of New Jersey

Election of Installment Payments for Maternity Services

Horizon Blue Cross Blue Shield of New Jersey, in compliance with New Jersey state law N.J.A.C. 11:22-9.1 et seq. PL 2009, c. 113, will honor requests from participating and non-participating obstetrical providers who wish to receive reimbursement on an installment basis for maternity services rendered during the term of a covered Horizon BCBSNJ member's pregnancy.

Please complete the information requested below and submit this form if your group practice wishes to be reimbursed for all Horizon BCBSNJ members on an **installment basis**.

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.

Yes, the group practice indicated below wishes to receive reimbursement for maternity services provided to enrolled Horizon BCBSNJ members on an installment basis.

Group Tax Identification Number: _____

Group Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ - _____ - _____

Name of authorized group practice representative making this election:

Signature of authorized representative: _____

Date: ____ / ____ / ____
MM DD YYYY

By submitting, this request, you are attesting that you are the person authorized to make this decision on behalf of the entire group practice.

Completed forms may be submitted to us by fax, e-mail or mail.

- Print and fax completed forms to: **1-973-274-4302**
- Participating obstetrical providers may e-mail completed forms to their Network Specialist.
- Offices may also print and mail this form to:

**Maternity Reimbursement PP-02V
Horizon Blue Cross Blue Shield of New Jersey
3 Penn Plaza East
Newark, NJ 07105-2200**