



## Horizon BCBSNJ Application for Echocardiography

For questions, call 800-918-8924 extension 10190. Please return the completed application and required documentation to: CareCore National, Credentialing Department, 400 Buckwalter Place Boulevard, Bluffton, SC 29910. Application can also be faxed to 866-699-8160.

<b>Site Name</b>					
<b>Address</b>					
<b>City, State Zip</b>					
<b>Tax ID #</b>		<b>NPI #</b>			
<b>Contact Person</b>					
<b>Telephone #</b>		( ) ( )	<b>Fax #</b>		( ) ( )
<b>Are you a participating provider with Horizon BCBSNJ?</b> (Applications will only be accepted from sites that participate with Horizon BCBSNJ).		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Horizon BCBSNJ ID #</b>	
<b>Does your site have current ICAEL accreditation in Transthoracic Echocardiography?*</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Does your site have current ICAEL accreditation in Stress Echocardiography?*</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Is your ICAEL accredited site (check all that apply):</b> <input type="checkbox"/> Mobile-based <input type="checkbox"/> Hospital-based <input type="checkbox"/> Office-based					
<b>Echocardiography site director name</b>					
<b>NPI #</b>		<b>TIN #</b>		<b>Training</b>	
				Level III (ACC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>List other providers interpreting echocardiograms at this site</b>	<b>NPI #</b>	<b>TIN#</b>	<b>ABIM*/ABP* Certification in Cardiology?</b>		<b>NBE* Certification</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

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Echocardiography Site Director Name

\_\_\_\_\_  
Echocardiography Site Director Signature

\_\_\_\_\_  
Date

**\*Documentation of training and accreditation is required to be submitted with this form. Lack of documentation will result in application processing delay.**

ICAEL: Intersocietal Commission for the Accreditation of Echocardiography Laboratories

ABIM: American Board of Internal Medicine Certification for Cardiovascular Diseases

ABP: American Board of Pediatrics

NBE: National Board of Echocardiography