



Horizon Blue Cross Blue Shield of New Jersey

Date of Request: _____

In place of this Form you can submit Authorization Requests Online securely via Navinet. If you are not registered, please visit Navinet.net and click *Sign Up* or call Navinet Customer Care at **1-888-482-8057**.

Scheduled Inpatient Authorization Request Form

Requirements: *Clinical information and supportive documentation should consist of office visit notes and recent diagnostics. Test results must be submitted to support request for approval. Notification required for any date of service change. Please complete this form in its entirety, in order to prevent processing delays.*

Fax completed form to: Horizon NJ TotalCare (HMO SNP) at **1-609-583-3013**

General Information

Member Name: _____ Member ID #: _____ DOB: _____

Provider Contact Name: _____ Phone #: _____ Fax #: _____

List Any Additional Insurance: _____

Policy Name/Number: _____

Medical Information Needed

Date/Date Range of Service: _____

Days/Units Requested: _____

Primary Diagnosis: _____ Other Chronic Diagnosis: _____

ICD 10 Codes: _____

Procedures(s) Requested: _____

CPT Codes Requested: _____

Additional Required Information

• Admitting Doctor: _____ Par Non-Par
Horizon NJ TotalCare (HMO SNP) provider ID # &NPI #: _____ TIN # _____

• Admitting Hospital : _____ Par Non-Par
Horizon NJ TotalCare (HMO SNP) provider ID # & NPI #: _____ TIN# _____

Additional Information

If the requested admitting doctor/surgeon or facility is not in the Horizon NJ TotalCare (HMO SNP) network, please include a letter of medical necessity (LOMN).