Horizon Blue Cross Blue Shield of New Jersey

Capitation Adjustment Request

Reset Form

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.

Submit completed forms to us by email to Capitation_Liaison@horizonblue.com, by FAX to **1-973-274-4530**, or by mail to:

Horizon BCBSNJ
Attn: Capitation Team, PP-10A
3 Penn Plaza East
Newark, NJ 07105-2200

PRACTICE/PHYSICIAN NAME: _____PRACTICE TIN/NPI NUMBER: _____

Practice Location

Address: _____ City: _____ State: _____ ZIP: _____

County: _____ Phone #: _____ Email Address _____ FAX #_____

Patient Name (Last, First, MI)	**Patient DOB** MM / DD / YYYY	**Subscriber ID**	**From** MM / DD / YYYY	**To** MM / DD / YYYY	**Comments***