



Horizon Blue Cross Blue Shield of New Jersey

Individual Capitation Adjustment 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

Patient Information:

Patient Name: _____
Last First MI

Patient Date of Birth: ____ / ____ / ____
MM DD YYYY

Subscriber Name: _____
Last First MI

Subscriber ID #: _____

Patient Signature: _____ Date: ____ / ____ / ____
MM DD YYYY

Practice Information:

Practice Name: _____

Practice NPI/TIN: _____ Office Fax #: (_____) _____ - _____

PCP Name: _____

PCP NPI: _____ PCP Panel Code: _____

The patient noted above is under my care as a PCP effective: ____ / ____ / ____
MM DD YYYY

If the PCP's panel is closed to new members, the physician's signature is required below to open the panel to include the patient noted above.

Physician Signature: _____