



Statement of Arrangement for Controlled Dangerous Substances: Drug Enforcement Agency (DEA) License

According to our *Credentialing and Recredentialing Policy for Participating Physicians and Healthcare Professionals* administrative policy, we require that physicians possess a current, license from the Drug Enforcement Agency (DEA) in order to prescribe Controlled Dangerous Substances.

We allow physicians without a current, unrestricted DEA License to satisfy this requirement by establishing an arrangement with another participating physician (who has a current, unrestricted DEA License) to prescribe controlled dangerous substances on his/her behalf.

Completed and signed forms may be mailed to: **Horizon BCBSNJ
Credentialing & Recredentialing Department
3 Penn Plaza East, PP-14C
Newark NJ 07105-2200**

Applicant Information

I, the applicant, in accordance with the *Credentialing and Recredentialing Policy for Participating Physicians and Healthcare Professionals*, have established an arrangement with the participating physician below (who has a current, unrestricted DEA License) to prescribe controlled dangerous substances on my behalf to my patients enrolled in Horizon BCBSNJ health insurance plans as appropriate per specialty.

Applicant Name: _____ Type 1 NPI _____

Specialty: _____

Prescribing Physician

I, the prescribing physician of record, attest that I have a current, unrestricted DEA License and have established an agreement with the physician noted above to coordinate the prescribing of controlled dangerous substances to his/her patients enrolled in Horizon BCBSNJ health insurance plans as appropriate per specialty.

Prescribing Physician Name: _____ Type 1 NPI _____

Specialty: _____

DEA License #: _____ Expiration Date: _____

Prescribing Physician Signature: _____ Date: _____