RESET

Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

HOSPITAL-BASED PRACTITIONERS

Physicians or other health care professionals who are interested in joining the Horizon Managed Care Network, the Horizon PPO Network, or the Horizon NJ Health Networks AND who are ONLY affiliated with a hospital-based practice*, may submit a completed copy of this form to:

Horizon BCBSNJ
Credentialing & Recredentialing Department
3 Penn Plaza East, PP-14C
Newark, NJ 07105-2200

Practitioner Name: _____

Degree: _____ Specialty: _____

Date of Birth: _____/ _____/ _____ Sex: ☐ Female ☐ Male

NPI #: _____ Social Security #: _____

I am seeking participation in the: ☐ Horizon PPO Network ☐ Horizon NJ Health Networks ☐ Horizon Managed Care Network

Group Practice Name: _____

Tax ID # _____ County: _____

Primary Location:

Network Hospital Name: _____

Hospital Address: _____

Phone: _____

Other Location:

Network Hospital Name: _____

Hospital Address: _____

Phone: _____

Network Hospital Name: _____

Hospital Address: _____

Phone: _____

Billing Address: _____

_____

**Practitioners who are affiliated with an office-based practice must complete and provide the information outlined in our Physician Application Checklist or our Other Health Care Professional Application Checklist, as appropriate, to be considered for participation in our network(s). Pathologists affiliated with an office-based practice are not eligible to participate in our Horizon Managed Care Network.*

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