



**PROVIDER SPECIALTY CHANGE REQUEST FORM**

To initiate a request to change or add an additional provider specialty type or to add a subspecialty or specialized service type, please mail a completed copy of this form to:

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

The processing of requested changes may take up to thirty (30) days to complete. Please notify us at least thirty (30) days in advance of the effective date of a requested change. We are not responsible for the implementation of changes without proper advance notice. Requests received without complete information or an authorized signature will not be processed.

**All fields must be completed to correctly process the file change request.**

Practitioner Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Type 1 NPI: \_\_\_\_\_

Degree: \_\_\_\_\_ Current Contracted Specialty: \_\_\_\_\_

Group Practice Name: \_\_\_\_\_

Type 2 NPI: \_\_\_\_\_

**By signing and dating below, I authorize the following requested change/addition to my provider file.**

<input type="checkbox"/> <b>Change</b> the above-noted practitioner specialty type to: _____	For the network(s) noted below... <input type="checkbox"/> Horizon Managed Care Network <input type="checkbox"/> Horizon PPO Network <input type="checkbox"/> Horizon NJ Health Network
<input type="checkbox"/> <b>Add</b> the following practitioner Specialty type: _____	For the network(s) noted below... <input type="checkbox"/> Horizon NJ Health Network
<input type="checkbox"/> <b>Add</b> subspecialty/specialized service type: _____	For the network(s) noted below... <input type="checkbox"/> Horizon Managed Care Network <input type="checkbox"/> Horizon PPO Network <input type="checkbox"/> Horizon NJ Health Network

Please provide the name of certifying board for the above noted specialty type, or subspecialty/specialized service type.

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The signature above acknowledges the approval of this request.*

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