



Capitation Adjustment Request

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*

32339 (1220)

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