



Practice/Status Limitations

Practitioners who participate in our Horizon Managed Care Network, Horizon PPO Network or Horizon NJ Health network may use this form to request that we update the Practice Status/Limitations information we include in our provider files.

This information can be updated using our online [Provider Data Maintenance Tool](#).

If you prefer not to use our tool, please complete this form and submit it to us, along with a request letter, as follows:

By email to: EnterprisePDM@HorizonBlue.com

By mail to: **Horizon BCBSNJ Provider Files**
3 Penn Plaza East, PP-14C
Newark, NJ 07105-2200.

Practitioner Name _____ Practitioner Type 1 NPI _____

Practice Name _____ Practice TIN _____

Practice Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

PRACTICE STATUS/LIMITATIONS

Please check all the practice status/limitations that apply to your treatment of patients enrolled in Horizon BCBSNJ/Horizon NJ Health plans.

- | | |
|--|--|
| <input type="checkbox"/> Ages 0 to 5 only | <input type="checkbox"/> Hospitalist only |
| <input type="checkbox"/> Ages 0 to 18 years only | <input type="checkbox"/> Mohs surgery only |
| <input type="checkbox"/> Ages 0 to 26 years only | <input type="checkbox"/> Native American/Indian Tribe only |
| <input type="checkbox"/> Ages 6 to 12 only | <input type="checkbox"/> Neuropsychology only |
| <input type="checkbox"/> Ages 13 to 17 only | <input type="checkbox"/> Nursing Home Patients only |
| <input type="checkbox"/> Ages 18 years and older only | <input type="checkbox"/> Provider does not supply hearing aids |
| <input type="checkbox"/> Ages 18 to 64 only | <input type="checkbox"/> Read/interprets/performs tests only |
| <input type="checkbox"/> Ages 65 years and older only | <input type="checkbox"/> Referral only |
| <input type="checkbox"/> Breast surgery only | <input type="checkbox"/> Retina Surgery only |
| <input type="checkbox"/> Floats/covers/fills in for colleagues | <input type="checkbox"/> Students only |
| <input type="checkbox"/> Gynecological services only | <input type="checkbox"/> Telehealth only |
| <input type="checkbox"/> Home visits only | <input type="checkbox"/> Urogynecology |
| <input type="checkbox"/> Homebound geriatric patients only | <input type="checkbox"/> Walk-ins only |

The practice/status limitations above apply to my treatment of patients at ALL LOCATIONS for this Group Practice.

- Yes
- No If you selected "No," please complete/submit separate forms/letters to document your practice/status limitations at other locations for this group practice, as appropriate.

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