



No Surprises Act Negotiation Request from Nonparticipating Health Care Providers

Nonparticipating healthcare providers may use this form to initiate negotiations with us per the guidelines of the [No Surprises Act \(NSA\)](#) which was signed into law as part of the Consolidated Appropriations Act of 2021. Please submit a copy of this completed form *along with* a copy of the US Department of Labor's [Federal Open Negotiation Notice Form](#) by email to FedSurpriseBill@HorizonBlue.com or by mail to:

Horizon BCBSNJ
PO Box 106
Newark NJ 07101

Subscriber Name _____

Horizon BCBSNJ ID # _____

Patient Name _____

Patient Date of Birth _____

Date of Service/Admission _____

Last Date of Service/Discharge _____

Horizon Claim # _____

Total Claim Charge _____

Requested Allowance _____

- I wish to negotiate ALL submitted procedure code(s).
- I wish to negotiate ONLY the following code(s) _____

Nonparticipating Provider Name _____

Nonparticipating Provider Address _____

Nonparticipating Provider NPI # _____

Nonparticipating Provider Tax ID# _____

Nonparticipating Provider Contact Name: _____

Nonparticipating Provider Contact Email _____

Nonparticipating Provider Contact Phone _____

Nonparticipating Provider Contact Fax _____

Negotiation Request Submission Date: _____

Comments (include additional sheets as necessary)