



Horizon Blue Cross Blue Shield of New Jersey

## PROVIDER CHANGE REQUEST FORM

To expedite the completion of demographic and other changes to your provider file, registered NaviNet users are strongly encouraged to use our online Provider Data Maintenance tool. To access this important tool, log in to NaviNet.net and from the Horizon BCBSNJ Plan Central page, click Provider Data Maintenance.

If you are not a registered NaviNet user, please complete, sign and submit this form to us, along with all pertinent supporting documentation (e.g., W-9 or SS4 form to complete a Tax Identification Number change).

Participating providers/practices may fax completed forms to **1-973-274-4302**. Nonparticipating providers/practices may fax completed forms to **1-973-274-4101**. Completed forms may also be mailed to:

**Horizon BCBSNJ,  
Three Penn Plaza East, PP-14C  
Newark, NJ 07102-2200**

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

Requestor Name: \_\_\_\_\_ Requestor Phone: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Type of Change:     Add     Delete     Update



Horizon Blue Cross Blue Shield of New Jersey

# PROVIDER CHANGE REQUEST FORM

(Please Print Clearly and Legibly)

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

Effective Date of Change:          
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## Section 1: Current Information

Group Practice:  or Individual Practice  (Check only one)

Individual/Group Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP code + 4: \_\_\_\_\_

Phone #:

Tax ID # (TIN):

NPI:

Taxonomy Code (if applicable):

## Section 2: New Information

Is this your primary office location? Yes  No

Individual/Group Practice Name: \_\_\_\_\_

Individual/Group Tax Identification # (TIN):           Individual/Group NPI:

Address: \_\_\_\_\_

City/State/ZIP code + 4: \_\_\_\_\_

Phone #:           Fax #:

Other: \_\_\_\_\_

## Section 3: Billing Information

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

Billing Address: \_\_\_\_\_

City/State/ZIP code + 4: \_\_\_\_\_

Billing Phone #:           Billing Fax #:

This change affects the: Entire Group  or Physician(s)/Professional(s) listed below

## Section 4: Physician/Health Care Professional Information

Please list all physicians/professionals affected by this change; include first name(s), last name(s), Social Security Number(s), National Provider Identifier (NPI) and Taxonomy Code(s) (if applicable).

Last Name:	First:	SSN#:	INDIVIDUAL NPI:	Taxonomy Code:
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Authorized Signature: \_\_\_\_\_ Date:          
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Print Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #:

**Important Note:** 30 days notice is required for processing. Horizon BCBSNJ is not responsible for changes processed due to lack of proper notice. Incomplete change forms or forms without an authorizing signature will not be processed.



Horizon Blue Cross Blue Shield of New Jersey

Horizon BCBSNJ has the ability to indicate that your practice is no longer accepting new patients or has a practice limitation in our Provider Directories. Please complete the appropriate sections below and fax this form per the instructions on Page 1.

Please submit one form per location.

Type of Change: Add  Delete  Update  (Replace current information with information listed below)

**Section 5: Practice Information**

Group Practice:  or Individual Practice  (Check only one)

Individual/Group Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP Code + 4: \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Tax ID # (TIN): \_\_\_\_\_ NPI: \_\_\_\_\_

Taxonomy Code (if applicable): \_\_\_\_\_

**Section 6: No Longer Accepting New Patients**

- PCP - Panel Code(s) \_\_\_\_\_ (If you do not know your panel code, please contact 1-800-624-1110.)
- Specialist

**Section 7: Practice Limitations**

Please select one or more practice limitations as they apply to your specialty. A 'limitation' would be a service that you do not perform even though that service would normally be performed by most other providers within your specialty. If your Practice Limitation is not listed below, please complete the field marked "Other."

- Ages up to 18
- Ages up to 23
- Ages 18+
- Ages 21+
- Ages 62+
- EKG services not available
- Emergency care limited to existing patients
- Home visits only
- Marriage counseling not provided
- MOHS Surgery not performed
- Practice limited to gynecological services only
- Practice limited to neuropsychology
- Radiation therapy not available
- Surgical procedures not performed
- Unable to accept maternity patients
- Other practice limitation. Please specify \_\_\_\_\_

(Please note that practice limitations not already listed will be reviewed and may take additional time before being listed in our Directories. You will be contacted at the phone number you provided above if we have any questions.)