



*Horizon
NJ Health*

Horizon Blue Cross Blue Shield of New Jersey*

Making Healthcare Work®

HIPAA 5010 Address Form

Horizon NJ Health
Professional Contracting and Servicing
210 Silvia Street
West Trenton, NJ 08628

Your claim was submitted with a **P.O. Box** as the pay-to address (box 33) and our records indicate there is **no physical address** on file.
Please **register your physical billing address** by completing this form and faxing or mailing it to Horizon NJ Health:
Participating providers fax to: **1-609-583-3004**
Nonparticipating providers fax to: **1-484-496-7685**

Date: _____

Provider Name: _____

Specialty: _____

Provider ID: _____

Tax Identification Number (TIN): _____

Service Address: _____

Phone Number: _____

Billing Address: _____
(Please indicate a physical street address, P.O Boxes are not acceptable.)

Remit Address: _____
(For payments/EOBs)

Name & Telephone Number of Individual Completing the Form: _____