



Horizon NJ Health
210 Silvia Street
West Trenton, NJ 08628
Phone: (609) 718-9001
www.horizonNJhealth.com

ACA Group Attestation Form
Affordable Care Act (ACA)
(As Amended by Section 1202 of the Health Care and Education Reconciliation Act [HCERA] of 2010)

Please complete this form if you currently receive payment from Horizon NJ Health as a group.

I (_____)
Physician/Authorized Agent Name

Certify that all ACA authorized enhanced reimbursement amounts may be paid to the group's Tax Identification Number, and the group, as required under the ACA, will distribute individual payments to the rendering provider in the group.

(_____)
Physician or Authorized Agent Signature

(_____)
Date Signed

(_____)
Physician or Authorized Agent Name – Please Print

(_____)
National Provider Identifier (NPI)

(_____)
Horizon NJ Health Provider Group ID Number

(_____)
Group Tax Identification Number (TIN)

Return fax to: 609-583-3004
Attention: Provider ACA Attestation Group