



Horizon Blue Cross Blue Shield of New Jersey*

Request for Change of Information Form

Horizon NJ Health

Attn: Professional Contracting & Servicing Department
210 Silvia Street
West Trenton, NJ 08628-3223
Phone: (800) 682-9094
Fax: (609) 583-3004

Physician ID Number: _____	Physician Name: _____ Specialty: _____
Physician ID Number: _____	Physician Name: _____ Specialty: _____
Physician ID Number: _____	Physician Name: _____ Specialty: _____

Please attach a sheet listing additional physicians affected by this change.

Practice Location(s)

(Please check one: Addition Change Deletion)

Old Practice Name: _____	New Practice Name: _____
Old Address: _____ _____ _____	New Address: _____ _____ _____
Telephone Number: () _____	Telephone Number: () _____
Fax Number: () _____	Fax Number: () _____
E-mail: _____	E-mail: _____
Termination Date: _____	Effective Date: _____

Billing Address

Old Billing Name: _____	New Billing Name: _____
Old Billing Address: _____ _____ _____	New Billing Address: _____ _____ _____
Telephone Number: () _____	Telephone Number: () _____
Termination Date: _____	Effective Date: _____

Tax Identification Number

Old Tax ID Number _____	New Tax ID Number: _____
Termination Date: _____	Effective Date: _____
	Are you assuming liability of the former Tax ID Number: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Must include a copy of your W-9 for Tax ID

Office Hours Change

Old Office Hours:	New Office Hours:
Monday: _____	Monday: _____
Tuesday: _____	Tuesday: _____
Wednesday: _____	Wednesday: _____
Thursday: _____	Thursday: _____
Friday: _____	Friday: _____
Saturday: _____	Saturday: _____
Sunday: _____	Sunday: _____

Other Changes

Ages Served: From _____ to _____
Languages Spoken in Office: _____
Panel: Open <input type="checkbox"/> Closed <input type="checkbox"/> (Requests to close a panel require 90 days advanced notification.)
Panel Limit: _____
Effective Date: _____
Additional Comments: _____

Physician/Authorized Signature: _____	Date: _____
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