



Horizon Blue Cross Blue Shield of New Jersey

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY 835 ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM

The Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) Electronic Remittance Advice (ERA) Enrollment Form is **ONLY** for distribution by authorized Horizon BCBSNJ Trading Partners. Providers interested in participating in the Horizon BCBSNJ ERA Program must complete the ERA Enrollment Form and submit to an authorized Horizon BCBSNJ Trading Partner. Please e-Mail HorizonEDI@HorizonBlue.com for a current Authorized Horizon BCBSNJ ERA Trading Partners List. Missing information will delay your organization participation in the Horizon BCBSNJ ERA Program.

Provider Information Section

Provider Name: _____

Provider Street Address: _____

City: _____ State/Province: _____ ZIP Code/Postal: _____

Provider Identifiers Information

Provider Federal Tax ID (TIN) OR Employer ID Number (EIN): _____

National Provider Identifier (NPI): _____

Other Identifier(s) - Assigning Authority (MCARE UPIN Number, Suffix, etc.): _____

Provider Contact Information Section

Provider Contact Name: _____

Telephone Number: _____ Telephone Number Extension: _____

Email Address: _____

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (select one from below)

Provider Tax Identification Number (TIN): _____

National Provider Identifier (NPI): _____

Method of Retrieval: Clearinghouse

The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)



Horizon Blue Cross Blue Shield of New Jersey

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name: EMDEON

Clearinghouse Contact Name: ENROLLMENT HELP DESK

Clearinghouse Telephone Number: 866-924-4634

Clearinghouse Email Address: payerregistration@emdeon.com

Electronic Remittance Advice Vendor Information

Vendor Name: _____

Vendor Contact Name: _____

Vendor Telephone Number: _____

Vendor Email Address: _____

Submission Information

Reason for Submission (select one from below)

- New Enrollment
- Change Enrollment
- Cancel Enrollment

Authorized Signature (select from below):

Electronic Signature of Person Submitting Enrollment: _____

Written Signature of Person Submitting Enrollment: _____

Printed Name of Person Submitting Enrollment: _____

Printed Title of Person Submitting Enrollment: _____

Submission Date: _____

Submit completed form via Mail, e-Mail, or Fax to:

Horizon Blue Cross Blue Shield of New Jersey
 EDI Services PP-11C
 3 Penn Plaza East
 Newark, NJ 07105-2200
 Attention: Horizon-BCBSNJ ERA Enrollment

HorizonEDI@HorizonBlue.com

Fax Number: 1-973-274-4353