



# HORIZON NJ HEALTH PLAN (22326) ERA ENROLLMENT INSTRUCTIONS

## WHAT FORM(S) SHOULD I DO?

- Send an email to [enrollassist@cognizant.com](mailto:enrollassist@cognizant.com) with the following information:
  - Site ID: **337G**
  - Payer Name: **Horizon NJ Health Plan**
  - Payer ID: **22326**
  - Provider Name
  - Practice Name
  - Address
  - Provider Contact Name and Email Address
  - Tax ID
  - NPI

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 1-2 weeks.