



## PLEASE READ THIS IMPORTANT INFORMATION

Check that each itemized bill is legible and contains ALL of the following information:

- NAME & ADDRESS of person or institution rendering the service or supplying the item
- PATIENT'S FULL NAME
- TYPE of service rendered/produced or item supplied
- DATE each service rendered or item supplied
- AMOUNT charged for each service rendered or item supplied
- DIAGNOSIS of ailment

**BILLS MISSING ANY OF  
THIS INFORMATION MAY  
BE RETURNED TO YOU**

Cash register receipts, cancelled checks, money order receipts, personal itemizations, and bills only noting a "balance due" are not acceptable.

## COORDINATION OF BENEFITS?

If you are covered by another health insurance program, please provide the information requested in the Other Health Coverage Information Section.

When submitting charges for services or supplies that have been partially paid or declined by other group health coverage, attach a copy of the Notice of Payment or Explanation of Benefits from the other health care insurer along with itemized bill(s).

## HELPFUL HINTS

Durable medical equipment? (Wheel chair, crutches, braces, oxygen, etc.) Your doctor's certification must be submitted indicating the expected length of time the equipment will be in use. If renting, please have your medical equipment supplier also indicate the purchase price of the equipment on the bill.

Foreign Claim? Bills for services incurred outside of the U.S. must include an English translation and the exchange rate at the time of services.

If you have any questions about how to submit your Claims, please call the Customer Service # 1-800-414-SHBP (7427).

## WHERE TO SUBMIT YOUR CLAIM FORMS

Please mail completed claim form for:

### MEDICAL CLAIMS TO:

Horizon Blue Cross Blue Shield of New Jersey  
P.O. Box 820  
Newark, NJ 07101-0820

### MENTAL HEALTH/SUBSTANCE ABUSE CLAIMS TO:

Horizon Blue Cross Blue Shield of New Jersey  
Horizon Behavioral Health  
P.O. Box 10191  
Newark, NJ 07101-3189

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### FRAUD WARNING

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR  
MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES

TO REPORT SUSPECTED FRAUD CALL 1-800-624-2048 AT HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY