

Horizon Blue Cross Blue Shield New Jersey 835

EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- PRINT, SIGN and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDInsight Enrollment Team using EDInsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 30 days.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the EDI request.
- To check status of EDI enrollment or for assistance with the completing the online enrollment, email the payer at **horizonedi@horizonblue.com**

835 Electronic Remittance Advice:

835 ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM (2 Pages)

- COMPLETE AND SIGN the form using the provider's billing/group information as credentialed with the payer.

Submit to EDInsight Enrollment Team:

Within EDInsight - Enrollment Manager:

SELECT record, CLICK **[ATTACH File]** to attach the completed payer form.

IF prompted, asking if you want to Submit the request, CLICK **[Yes]**

-Or- CLICK **[SUBMIT Enrollment]**

ENTER any notes (optional), then CLICK to **SAVE**.



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: _____

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: _____

Clearinghouse Contact Name: _____

Clearinghouse Telephone Number: _____

Clearinghouse Email Address: _____

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