



Horizon Blue Cross Blue Shield of New Jersey

## DENTAL OFFICE CHANGE REQUEST FORM

When completing an Office change or Provider change form for your office, please ensure when submitting these forms, there may be additional documentation required in order to support your request.

Please use the Office change form when submitting a change to our office address. i.e.: Tax Identification Change, Legal Name Change, Doing Business Name Change or address change. This change will be applied to all current providers listed with the office.

Please use a Provider Change form when submitting a change to a provider. . i.e.: Adding a provider to a location(s), specialty change, updating a provider's license, name or individual NPI. Etc. This change will be applied to only the provider listed on the Provider Change form.

**W9** must be current, signed/dated and included with the following requests:

- Adding a TIN that is not already associated with Horizon
- Tax Identification Number change
- Legal Name change

**Specialty Certification** identifying if provider is board certified or eligible must be submitted when:

- Changing a provider's specialty

If you are **adding a provider to a location** and they are not already contracted with a specific network, a contract may be required. Please contact your Network Representative at Horizon to confirm.

If you are **adding a new provider** that is not already participation with Horizon, please contact your Network Representative at Horizon at 973-466-5133 to obtain a full credentialing packet and appropriate contract(s). Please do not fill out this form.

In the event there is a **change in ownership or dissolution of a partnership**, please contact your Network Representative at Horizon.

### IMPORTANT:

The provider's license number and name listed on the change forms should be listed as you submit on your claim form to avoid any delay in claims payments.

The office address listed on the change forms should be listed as you submit on your claim form to avoid any delay in claims payments.



Horizon Blue Cross Blue Shield of New Jersey

## Dental Office Change Request Form

If your request is to change your provider's information, please refer to the **Provider change form**. This form is to be used for all changes related to an office address and applies to all current providers listed at the office. Form must be signed and dated in order to be considered complete, if any information is missing, we will contact your office for additional information. \*Submit a signed/dated W9 where the (\*) indicates.

### SECTION I OFFICE INFORMATION:

TIN: \_\_\_\_\_ IRS Name: \_\_\_\_\_  
*(Tax Identification Number used when submitting claims) (Name as registered with the IRS)*

Office Name: \_\_\_\_\_  
*(Doing Business As, if different than IRS name, please indicate)*

Office Address: \_\_\_\_\_  
*(Address, bldg., ste #, City, ST, Zip) Address listed here must be used when submitting a claim*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Please Indicate Change(s) Below:

**Please note:** If the owner of the office is changing or there is dissolution of a partnership, please contact Horizon at 973-466-5133 to assist you.

**TIN Change - New TIN:** \_\_\_\_\_ Effective Date of new TIN: \_\_\_\_\_  
*(Attach a current \*W9 signed and dated)*

**Office Change** – What is changing?  
 IRS Name (attach a current \*W9 signed and dated)  Office Name  Phone/Fax/Email/NPI/Other

New Office Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

Clinic NPI: \_\_\_\_\_ Corporate NPI: \_\_\_\_\_  
*(Please provide your entity type 2 NPI)*

**Address Change** – Which Address is changing? (Please complete full address, city, state and zip)  
 Office Address  Billing Address  Correspondence Address

New Office Address: \_\_\_\_\_  
*(Address, bldg., ste #, City, ST, Zip) - Address listed here must be used when submitting a claim*

New Billing Address: \_\_\_\_\_  
*(Address, bldg., ste #, City, ST, Zip)*

New Correspondence Address \_\_\_\_\_  
*(Address, bldg., ste #, City, ST, Zip)*

Effective Date of new address: \_\_\_\_\_

Other (please indicate change to clinic): \_\_\_\_\_

For your convenience, we have provided you with a mail to address. Please sign, date and return the form to one of the contacts below:

**Mail To:** Horizon Blue Cross Blue Shield of NJ Dental Programs  
**Attn:** Provider File Maintenance  
3 Penn Plaza East PP-03H  
Newark, NJ 07105  
Fax: (973) 274-2202

By signing this form, you are an authorized signee on behalf of the practice and attest that the information contained in this form is accurate and correct. **Form must be signed and dated on both lines in order to process any of the requested changes.**

Signature: \_\_\_\_\_ Please Print: \_\_\_\_\_

Date: \_\_\_\_\_



Horizon Blue Cross Blue Shield of New Jersey

### Provider Change Request Form

If your request is to change the office information only, please refer to the **Dental Office change form**. This form is to be used for all changes related to a provider, please complete **Section 1** Office Information and **Section II:** Provider Information.

Form must be signed and dated in order to be considered complete, if any information is missing, we will contact your office for additional information. \*Submit a signed/dated W9 where the (\*) indicates. \*\* Submit your board certification / eligibility if you are a specialist

#### SECTION I OFFICE INFORMATION:

TIN: \_\_\_\_\_ IRS Name: \_\_\_\_\_  
*(Tax Identification Number used when submitting claims) (Name as registered with the IRS)*

Office Name: \_\_\_\_\_  
*(Doing Business As, if different than IRS name, please indicate)*

Office Address: \_\_\_\_\_  
*(Address, bldg., ste #, City, ST, Zip) Address listed here must be used when submitting a claim*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
*Only required if you are adding a new office)*

Billing Address: \_\_\_\_\_  
*(Only required if you are adding a new office) (Address, bldg., ste #, City, ST, Zip)*

Correspondence Address: \_\_\_\_\_  
*(Only required if you are adding a new office) (Address, bldg., ste #, City, ST, Zip)*

#### Please Indicate Change(s) Below:

**Please note:** If the owner of the office is changing or there is dissolution of a partnership, please contact Horizon at 973-466-5133 to assist you.

**Add New Location** Effective Date of new Office: \_\_\_\_\_  
*(Office information above is required, along with provider information in section II. If you are adding more than one location and/or provider, please complete additional forms and attached a current \* W9 signed/dated.)*

#### SECTION II PROVIDER INFORMATION:

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

License Number: \_\_\_\_\_  
*(License # listed here must be used when submitting claims)*

\*\* Specialty: \_\_\_\_\_ NPI: \_\_\_\_\_  
*(Type 1 Individual NPI)*

Are you an owner, partner or associate of the office location above?  Owner  Partner  Associate

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**Please indicate request below:**

**Add Provider to office Address identified in Section 1**

(If a provider is not currently participating with Horizon, contract 973-466-5133 for assistance on what is required in order to add your provider.)

**Provider Change:**     Name Change     License Change     \*\* Specialty Change     Other

New Name: \_\_\_\_\_  
(First / MI / Last Name)

New License: \_\_\_\_\_  
(License # listed here must be used when submitting claims)

Specialty Change to:

Other (please indicate change): \_\_\_\_\_

For your convenience, we have provided you with a mail to. Please sign, date and return the form to one of the contacts below:

**Mail To:** Horizon Blue Cross Blue Shield of NJ Dental Programs  
**Attn:** Provider File Maintenance  
3 Penn Plaza East PP-03H  
Newark, NJ 07105  
Fax: (973) 274-2202

By signing this form, you are an authorized signee on behalf of the practice and attest that the information contained in this form is accurate and correct. **Form must be signed and dated on both lines in order to process any of the requested changes.**

Signature: \_\_\_\_\_ Please Print: \_\_\_\_\_

Date: \_\_\_\_\_



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East  
Newark, NJ 07105-2200  
HorizonBlue.com

## Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

**Horizon BCBSNJ – Director, Regulatory Compliance**  
**Three Penn Plaza East, PP-16C**  
**Newark, NJ 07105**  
**Phone: 1-800-658-6781**  
**Fax: 1-973-466-7759**  
**Email: [ComplianceAndEthicsOffice@HorizonBlue.com](mailto:ComplianceAndEthicsOffice@HorizonBlue.com)**

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**Office for Civil Rights Headquarters**  
**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**  
**1-800-368-1019 or 1-800-537-7697 (TDD)**

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).



Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-355-BLUE (2583)** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-855-477-AZUL (2985)** durante el horario normal de trabajo.

Chinese (中文): 如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey) 資料, 您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員, 請於上班時間致電 **1-800-355-BLUE (2583)**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-355-BLUE (2583)**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-355-BLUE (2583)** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ ક્લાકો દરમિયાન **1-800-355-BLUE (2583)** પર ફોન કરો .

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-355-BLUE (2583)** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-355-BLUE (2583)** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-355-BLUE (2583)** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-355-BLUE (2583)** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-355-BLUE (2583)** pandan lè nòmal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की ज़रूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-355-BLUE (2583)** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-355-BLUE (2583)** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-355-BLUE (2583)** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bił hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitjìh bee shiká' a' doowoł nínízingo éí bee ná'ahoot'i' dóo doo bááh ílíní da. Ata' halne'é ła' bich'i' hadeesdzih nínízingo t'áá shóqdí **1-800-355-BLUE (2583)** jį' nida'anishgo oolkiłí bik'ehgo hodíłnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey لديك الحق في الحصول على المساعدة بلغتك دون تحمّل أيّة تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-355-BLUE (2583)**.

Urdu (اردو): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-355-BLUE (2583)** پر کال کریں۔