



Horizon Blue Cross Blue Shield of New Jersey

Recruiting Request Form

Horizon BCBSNJ Dental Programs
Three Penn Plaza East PP-13Y
Newark, NJ 07101-2200
1-800-433-6825
HorizonBlue.com

Referral Program Procedure

To invite your dentist to join one or more of Horizon Blue Cross Blue Shield of New Jersey's dental networks, simply present him or her with this Recruiting Request Form. If your dentist is interested in joining, he or she may mail this form to Horizon Blue Cross Blue Shield of New Jersey for consideration. If your dentist meets Horizon Blue Cross Blue Shield of New Jersey requirements and becomes a participating dentist, you will be eligible to receive the highest level of benefits from your dental program when you use this dentist.

How does the program work?

1. *Take this Recruiting Request Form to your dentist. If your dentist is not in the network, he or she may call 1-800-4DENTAL to request an application, or may complete and mail the other side of this form to receive more information.*
2. *A dentist's returned Recruiting Request Form does not signify acceptance to the network. All prospective dentists are subject to Horizon Blue Cross Blue Shield of New Jersey's credentialing requirements. Once a dentist has applied for participation, the request form will be reviewed and the information provided will be verified.*

The Horizon Blue Cross Blue Shield of New Jersey network has many excellent dentists from which to choose. Whether you are looking for convenient access from your workplace or proximity to your home, one is sure to meet your needs.

Dentist Name: _____
Last First MI

Group Practice Name: _____
(if applicable)

Dentist's Specialty: _____

Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Telephone number: _____ - _____ - _____ Email Address: _____

Your Name: _____
Last First MI

Your Company's Name: _____

Date of Request: ____ / ____ / ____
MM DD YYYY

Please send completed forms to:

Professional Relations Department

Horizon BCBSNJ Dental Programs
Three Penn Plaza East PP-13Y
Newark, NJ 07105-2200

(FAX): 973-274-2202