



Horizon Blue Cross Blue Shield of New Jersey\*

Making Healthcare Work®

*Horizon  
NJ Health*

**HIPAA 5010 Address Form**

Horizon NJ Health  
Professional Contracting and Servicing  
210 Silvia Street  
West Trenton, NJ 08628

Your claim was submitted with a **P.O. Box** as the pay-to address (box 33) and our records indicate there is **no physical address** on file.  
Please **register your physical billing address** by completing this form and faxing or mailing it to Horizon NJ Health:  
**Participating providers** fax to: **1-609-583-3004**  
**Nonparticipating providers** fax to: **1-484-496-7685**

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

**Provider Name:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Provider ID:** \_\_\_\_\_

**Tax Identification Number (TIN):** \_\_\_\_\_

**Service Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
(Please indicate a physical street address, P.O Boxes are not acceptable.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Remit Address:** \_\_\_\_\_  
(For payments/EOBs)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name & Telephone Number of Individual Completing the Form:** \_\_\_\_\_