



HIPAA 5010 Address Form

Horizon BCBSNJ
Credentialing/Recredentialing Dept.
3 Penn Plaza East, PP-14 C
Newark, NJ 07105-2200
EnterprisePDM@HorizonBlue.com

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 emailing or mailing:

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: _____

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