



Horizon Blue Cross Blue Shield of New Jersey

State Health Benefits Program (SHBP) / School Employees' Health Benefits Program (SEHBP)

## Request for Adjustment of Out Of Network Behavioral Health Claims Reimbursement

Effective March 24, 2014, the Fair Health allowance applies to all eligible SHBP / SEHBP out of network behavioral health claims in the same manner it is applied to all other medical claims. The SHBP / SEHBP have directed Horizon Blue Cross Blue Shield of NJ to reconsider certain out of network claims for behavioral health services reimbursed between May 4, 2009 and March 23, 2014. If you received reimbursement for behavioral health services provided by an out of network behavioral health professional, other than a M.D., **between May 4, 2009 and March 23, 2014**, while covered by SHBP/SEHBP, you may be entitled to additional reimbursement.

To pursue a request for adjustment of these claims, you will be required to **provide this form** and **documentation of proof** that you paid the difference between the Horizon BCBSNJ reimbursement and the out of network provider's full charge for services during this time period. [Examples of acceptable proof include provider billing statements clearly reflecting payments made, cancelled checks, or credit card receipts.]

**Please mail your documentation of proof and this completed form by December 31, 2014 to:**

**Horizon BCBSNJ  
PO Box 10190  
Newark, NJ 07101-3190**

<b>Subscriber Name:</b>	
<b>Identification number:</b>	3HZN _____
<b>Subscriber Address:</b>	
<b>Patient Name:</b>	
<b>Date(s) of Service/Treatment span:</b>	
<b>Provider Name and Degree:</b>	
<b>Provider Address:</b>	
<b>Provider TIN (Tax Identification Number):</b>	
<b>Description of Proof Submitted:</b>	

Please allow 45 days to receive a response to your request.

**Subscriber's Name (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Subscriber's Signature:** \_\_\_\_\_

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