

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY FOR INQUIRY ADDRESS

For All Horizon Blue Cross Blue Shield of New Jersey Contracts and Covered Members Enrolled Through the Blue Card Program
(Professional Provider Claim Billing Submission Reference)

PREFIX OR SUFFIX	INQUIRY ADDRESS
YHC, YHI, YHJ, YHK, YHS, YHU, JGA, JGD, JGG	PO Box 199 Newark, NJ 07101-0199
R, 8-digits and PPO logo Federal Employee Program (including behavioural health claims)	PO Box 656 Newark, NJ 07101-0656
FMA, FMR, NCH, YHF, YHN, HIF, HSG, HWA, HWW and all other National Accounts	PO Box 199 Newark, NJ 07101-0199
HSE, NFW, YHD, YHG, YHM, YHP, YHT, YHV and all other point of service members	PO Box 199 Newark, NJ 07101-0199
ATT, AT&T members	PO Box 199 Newark, NJ 07101-0199
JGE, JGB, JGH, YHQ, YHX Horizon Direct Access members	PO Box 199 Newark, NJ 07101-0199
YHA NJ State Health Benefits Program (SHBP)	PO Box 199 Newark, NJ 07101-0199
NJPNJ State Health Benefits Program (SHBP)	PO Box 199 Newark, NJ 07101-0199
YHR, All Medigap	PO Box 199 Newark, NJ 07101-0199
DEH, DMM, DTP, NGM General Motors / Delphi Auto	
All BlueCard (out- of-state) claims BlueCard Services Team	BlueCard Claims PO Box 1301 Neptune, NJ 07754-1301
For all claims processed by Magellan Behaviour Health	
For questions about the Horizon Health and Wellness Education Program (Disease Management Programs)	
Please send all pre-existing documentation to:	

POWERED BY : BOSS