



Horizon Blue Cross Blue Shield of New Jersey

Request for Accounting of Disclosures

Instructions: To request an Accounting of Disclosures of your Private Information by Horizon Blue Cross Blue Shield of New Jersey and its business associates, please complete the information below, sign in the space provided and return to: Horizon BCBSNJ, Centralized Correspondence Unit, P.O. Box 820, Newark, New Jersey 07101-0820.

Member Information (please print)

Name: _____

Policy Identification #: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

I understand that the records will be provided to me by United States Mail to the above address unless otherwise specified below.

(Check one):

Facsimile

Personal pick-up

Alternate address _____

Signature: _____ Date: ____/____/____

Printed Name: _____

Relationship, if not member: _____

Authorization to Disclose Private Information from Member: (Attached) Y____ N____

Personal Representative's address (if applicable): _____

Telephone #: _____

Personal representatives who have not previously been registered with Horizon BCBSNJ must submit documentation supporting their authority to make this request.