

FUJI CARRIER NAME: HORIZON BC/BS

CARRIER CODE: BL001

**“HACKENSACK MERIDIAN”
PREFIX: “KDP”, “K2P” etc.**

WE CAN ACCEPT BUT PATIENT **MUST SIGN INSURANCE
WAIVER AS HIGHER OUT OF POCKET RESPONSIBILITY
MAY APPLY**

BlueCross. BlueShield. BlueCard® PPO Hackensack Meridian Health

Member Name
D D DOE

Member ID Number
KDP3HZN999999999

GROUP NUMBER 00000
TYPE FAMILY
BC/BS PLAN CODES Z80/780

FOR/SP/EC (INNER CIRCLE)
FOR/SP/EC (HORIZON PPO/BLUECARD):
EMERGENCY ROOM
IN-NETWORK PREVENTIVE CARE 100%
SOME SERVICES WITH THE EXCEPTION OF
PREVENTIVE CARE MAY BE SUBJECT TO
DEDUCTIBLE AND COINSURANCE

Horizon Blue Cross Blue Shield of New Jersey

www.horizonblue.com/hmh

Member/Provider Services: 1-844-383-2327
Behavioral Health Services: 1-800-626-2212
Utilization Management: 1-800-664-2583

Hospitals or Providers: File claims with local Blue Cross and/or Blue Shield Plan.

Members: See your Member's Handbook for covered services. Possession of this card does not guarantee eligibility for benefits.

Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association.

This plan has no out of network benefits. Out of state benefits only available from a BlueCard PPO network provider.

Horizon BCBSNJ provides administrative services only and does not assume any financial risk for claims.