

STATE HEALTH BENEFITS PROGRAM

SHBP RETIREE WELLNESS PROGRAM ANNUAL PHYSICIAN CERTIFICATION FORM

(For Eligible Horizon-BCBSNJ SHBP Retiree Subscribers only)

SUBMISSION INSTRUCTIONS

ONCE YOU ARE ENROLLED IN THE SHBP RETIREE WELLNESS PROGRAM,
A FULLY COMPLETED COPY OF THIS FORM MUST BE RECEIVED BY DECEMBER 31ST
EACH YEAR BY HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY TO
MAINTAIN ENROLLMENT.

PLEASE DESTROY ANY PREVIOUS VERSIONS OF THIS FORM AND RETAIN A BLANK COPY OF
THIS FORM FOR USE EACH YEAR. DO NOT SUBMIT ANY PREVIOUS VERSIONS OF THIS FORM.

Please fully complete Section A on the reverse side of this form and sign the form.

Bring it with you to your annual physical examination.

Have your physician fully complete Section B.

PHYSICIAN MUST INCLUDE TAX ID# OR NPI#, AND LIST THE DATE OF ANNUAL
PHYSICAL, ANY OTHER WELLNESS EXAMS/SCREENINGS RENDERED & DATES
SERVICES WERE RENDERED.

IF THE FORM IS MISSING ANY INFORMATION OR IS ILLEGIBLE, IT WILL NOT BE
PROCESSED.

For speediest processing, please submit your Annual Physician Certification via FAX

to:

1-973-274-4485, Attention: SHBP RETIREE WELLNESS PROGRAM

**ALWAYS RETAIN A SUCCESSFUL FAX TRANSMISSION REPORT FOR YOUR
RECORDS.**

Refer to your fax machine to insure you are transmitting the correct side of the
document

(Face-up versus face-down)

-OR-

MAIL the signed Annual Physician Certification to:

Horizon Blue Cross Blue Shield of New Jersey
State Health Benefits Program – Retiree Wellness Program
P. O. Box 820
Newark, New Jersey 07101-0820

NJ DIRECT and Horizon HMO cover one annual routine wellness physical
examination per year. Completion of the Annual Physician Certification should be
based on this examination.

Only one Annual Physician Certification must be submitted per calendar year.

**ALWAYS RETAIN A SIGNED COPY OF YOUR ANNUAL PHYSICIAN CERTIFICATION
FOR YOUR RECORDS.**