Braven

HEALTH

Braven Health Inquiry/Request FAX Form for Professional Providers

Professional providers may use this form to FAX Braven HealthSM claim inquiries or requests, along with pertinent supporting documentation, to **1-973-274-4159**.

Provider Name	Provider Tax ID Number	
Requestor Name	Inquiry/Request Date	
Requestor Phone Number	Requestor FAX Number	

INQUIRY/REQUEST DETAILS

List one inquiry/request per line below. Insufficient or illegible information may result in a delay in our response. Use additional sheets as necessary.

Subscriber ID Number	Date of Service	Inquiry/Request Details	Horizon Reply Code	Horizon Response Details
	Subscriber ID Number	Subscriber ID Number Date of Service ID Number Interview ID Number Interview <td< td=""><td>Subscriber ID Number Date of Service Inquiry/Request Details Image: ID Number Image: Ima</td><td>Subscriber ID Number Date of Service Inquiry/Request Details Horizon Reply Code Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Sub</td></td<>	Subscriber ID Number Date of Service Inquiry/Request Details Image: ID Number Image: Ima	Subscriber ID Number Date of Service Inquiry/Request Details Horizon Reply Code Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Subscriber ID Number Image: Sub

HORIZON REPLY CODE KEY	HORIZON REPLY CODE KEY	ABBREVIATIONS KEY	ABBREVIATIONS KEY
A:Claim adjusted to pay	G: Cannot identify patient based on info provided	AR: Accounts receivable	PD: Paid
B: Claim previously paid	H: Claim has been processed	DOS: Date of service	PIF: Paid in full
C: Claim not on file	I: Claim received. Please allow 3 weeks for processing.	CHK: Check	SR: Service request
D: Submit EOB from Primary	M: Medical documentation required	CLM: Claim	SUB: Subscriber
E: Subscriber not enrolled w/Braven Health	X: Inquiry does not meet Fax criteria.	PMT: Payment	
F: Claim was rejected	Please allow 3 weeks for processing.		

Horizon Received Date

Horizon Response Date

Horizon Service Request Number _____

Horizon Representative _____

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