Horizon

Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work℠

NJ Protect Practitioner Form for Pre-Existing Conditions

This form must be completed by the practitioner who provided treatment or diagnosed the patient's pre-existing condition. Please return this original form to the patient so they can submit it to us.
We will not accept a copy of this form without an original signature.

What is a Pre-Existing Condition?

For purposes of NJ Protect, a pre-existing condition is defined as a medical condition clinically present prior to the date of coverage, whether or not symptomatic or treated, and whether or not currently symptomatic or in a state of remission, for which treatment has been or will be medically necessary and appropriate.

Patient Information (to be completed by a Practitioner)

1. Patient's Name:

   _____

2. Name the pre-existing condition for which diagnosis or treatment was provided:
   (if there are multiple conditions, only one condition needs to be listed)

   _____

3. If the patient visited you for this condition within the past 6 months, please list most recent date:

   _____/_____/_____

Practitioner's Name:

_____
(please print)

Practitioner's License Number:

_____

Practitioner's Signature:

_____

Date

_____/_____/_____