



Horizon Blue Cross Blue Shield of New Jersey
P.O. Box 1609
Newark, NJ 07101-1609

## DEDUCTIBLE CARRY OVER CREDIT REPORT

(for current calendar year only)

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☐ Horizon HMO	
☐ Horizon POS	
☐ Horizon PPO	
☐ Other	

DDODLICT:

CURCODIRER INC	ODMATION			☐ Other:			
SUBSCRIBER INFO		FIRST NA	ME	INITIAL			
ADDRESS S	STREET	(	CITY STA	ATE	ZIP		
SUBSCRIBER'S ID NI	UMBER		SUBSCRIBER DATE OF BIRTH	MONTH	DAY	YEAR	
SUBSCRIBER'S GRO	OUP NAME (EMPLOYER)	GROUP N	IUMBER				
DEPENDENT(S) IN	IFORMATION						
LAST NAME	FIRST NAME	SS#	DATE OF BIRTH	MONTH	DAY	YEAR	
Check Dependent's	Relationship To Subscril	per					
☐ HUSBAND ☐ WIFE ☐ □	☐ SON DAUGHTER	☐ OTHER					
AMOUNT APPLIED	TO DEDUCTIBLE WITH	I PRIOR CARRIER		-			
ATTACH COPY OF	PRIOR CARRIER'S ST	ATEMENT OF PAYMEN	T FORM				
LAST NAME	FIRST NAME	SS#	DATE OF BIRTH	MONTH	DAY	YEAR	
Check Dependent's	Relationship To Subscril	per					
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LAST NAME	FIRST NAME	SS#	DATE OF BIRTH	MONTH	DAY	YEAR	
Check Dependent's	Relationship To Subscril	per					
☐ HUSBAND	☐ SON  DAUGHTER	☐ OTHER					
		PRIOR CARRIER		-			
ATTACH COPY OF	PRIOR CARRIER'S ST	ATEMENT OF PAYMEN	T FORM				

For Horizon HMO & Horizon POS Members: Deductible carry over applies only to those services which are covered under the supplemental portion of your contract and to all out of network services for Horizon POS.

## DEPENDENT(S) INFORMATION (Continued)

LAST NAME	FIRST NAME	SS#	DATE OF BIRTH	MONTH	DAY	YEAR				
Check Dependent's Relative	Check Dependent's Relationship To Subscriber									
□ HUSBAND	□ SON	□ OTHER								
☐ WIFE ☐ DAU	JGHTER									
AMOUNT APPLIED TO	DEDUCTIBLE WITH PRI	OR CARRIER								
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