



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)**

**PRODUCT:**

- Horizon HMO
- Horizon POS
- Horizon PPO
- Other: \_\_\_\_\_

**SUBSCRIBER INFORMATION**

SUBSCRIBER'S LAST NAME	FIRST NAME	INITIAL
ADDRESS	STREET	CITY
		STATE
		ZIP
SUBSCRIBER'S ID NUMBER	SUBSCRIBER DATE OF BIRTH	MONTH
		DAY
		YEAR
SUBSCRIBER'S GROUP NAME (EMPLOYER)	GROUP NUMBER	

**DEPENDENT(S) INFORMATION**

LAST NAME	FIRST NAME	SS#	DATE OF BIRTH	MONTH	DAY	YEAR
Check Dependent's Relationship To Subscriber						
<input type="checkbox"/> HUSBAND <input type="checkbox"/> SON <input type="checkbox"/> OTHER <input type="checkbox"/> WIFE <input type="checkbox"/> DAUGHTER						
AMOUNT APPLIED TO DEDUCTIBLE WITH PRIOR CARRIER _____						
<b>ATTACH COPY OF PRIOR CARRIER'S STATEMENT OF PAYMENT FORM</b>						
LAST NAME	FIRST NAME	SS#	DATE OF BIRTH	MONTH	DAY	YEAR
Check Dependent's Relationship To Subscriber						
<input type="checkbox"/> HUSBAND <input type="checkbox"/> SON <input type="checkbox"/> OTHER <input type="checkbox"/> WIFE <input type="checkbox"/> DAUGHTER						
AMOUNT APPLIED TO DEDUCTIBLE WITH PRIOR CARRIER _____						
<b>ATTACH COPY OF PRIOR CARRIER'S STATEMENT OF PAYMENT FORM</b>						
LAST NAME	FIRST NAME	SS#	DATE OF BIRTH	MONTH	DAY	YEAR
Check Dependent's Relationship To Subscriber						
<input type="checkbox"/> HUSBAND <input type="checkbox"/> SON <input type="checkbox"/> OTHER <input type="checkbox"/> WIFE <input type="checkbox"/> DAUGHTER						
AMOUNT APPLIED TO DEDUCTIBLE WITH PRIOR CARRIER _____						
<b>ATTACH COPY OF PRIOR CARRIER'S STATEMENT OF PAYMENT FORM</b>						

**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 Relationship To Subscriber  
 HUSBAND       SON       OTHER  
 WIFE       DAUGHTER  
AMOUNT APPLIED TO DEDUCTIBLE WITH PRIOR CARRIER \_\_\_\_\_  
**ATTACH COPY OF PRIOR CARRIER'S STATEMENT OF PAYMENT FORM**

LAST NAME	FIRST NAME	SS#	DATE OF BIRTH	MONTH	DAY	YEAR

Check Dependent's Relationship To Subscriber  
 HUSBAND       SON       OTHER  
 WIFE       DAUGHTER  
AMOUNT APPLIED TO DEDUCTIBLE WITH PRIOR CARRIER \_\_\_\_\_  
**ATTACH COPY OF PRIOR CARRIER'S STATEMENT OF PAYMENT FORM**

LAST NAME	FIRST NAME	SS#	DATE OF BIRTH	MONTH	DAY	YEAR

Check Dependent's Relationship To Subscriber  
 HUSBAND       SON       OTHER  
 WIFE       DAUGHTER  
AMOUNT APPLIED TO DEDUCTIBLE WITH PRIOR CARRIER \_\_\_\_\_  
**ATTACH COPY OF PRIOR CARRIER'S STATEMENT OF PAYMENT FORM**

LAST NAME	FIRST NAME	SS#	DATE OF BIRTH	MONTH	DAY	YEAR

Check Dependent's Relationship To Subscriber  
 HUSBAND       SON       OTHER  
 WIFE       DAUGHTER  
AMOUNT APPLIED TO DEDUCTIBLE WITH PRIOR CARRIER \_\_\_\_\_  
**ATTACH COPY OF PRIOR CARRIER'S STATEMENT OF PAYMENT FORM**

LAST NAME	FIRST NAME	SS#	DATE OF BIRTH	MONTH	DAY	YEAR

Check Dependent's Relationship To Subscriber  
 HUSBAND       SON       OTHER  
 WIFE       DAUGHTER  
AMOUNT APPLIED TO DEDUCTIBLE WITH PRIOR CARRIER \_\_\_\_\_  
**ATTACH COPY OF PRIOR CARRIER'S STATEMENT OF PAYMENT FORM**

LAST NAME	FIRST NAME	SS#	DATE OF BIRTH	MONTH	DAY	YEAR

Check Dependent's Relationship To Subscriber  
 HUSBAND       SON       OTHER  
 WIFE       DAUGHTER  
AMOUNT APPLIED TO DEDUCTIBLE WITH PRIOR CARRIER \_\_\_\_\_  
**ATTACH COPY OF PRIOR CARRIER'S STATEMENT OF PAYMENT FORM**