



Horizon BCBSNJ Application for Echocardiography

For questions, call 800-918-8924 extension 10190. Please return the completed application and required documentation to: CareCore National, Credentialing Department, 400 Buckwalter Place Boulevard, Bluffton, SC 29910. Application can also be faxed to 845-298-8384.

Site Name					
Address					
City, State Zip					
Tax ID #		NPI #			
Contact Person					
Telephone #		() ()	Fax #		() ()
Are you a participating provider with Horizon BCBSNJ? (Applications will only be accepted from sites that participate with Horizon BCBSNJ).		<input type="checkbox"/> Yes <input type="checkbox"/> No		Horizon BCBSNJ ID #	
Does your site have current ICAEL accreditation in Transthoracic Echocardiography?*		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your site have current ICAEL accreditation in Stress Echocardiography?*		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your ICAEL accredited site (check all that apply): <input type="checkbox"/> Mobile-based <input type="checkbox"/> Hospital-based <input type="checkbox"/> Office-based					
Echocardiography site director name					
NPI #		TIN #		Training	
				Level III (ACC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List other providers interpreting echocardiograms at this site		NPI #	TIN#	ABIM*/ABP* Certification in Cardiology?	NBE* Certification
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Echocardiography Site Director Name

Echocardiography Site Director Signature

Date

***Documentation of training and accreditation is required to be submitted with this form. Lack of documentation will result in application processing delay.**

ICAEL: Intersocietal Commission for the Accreditation of Echocardiography Laboratories

ABIM: American Board of Internal Medicine Certification for Cardiovascular Diseases

ABP: American Board of Pediatrics

NBE: National Board of Echocardiography