



## Statement of Arrangement for Controlled Dangerous Substances (CDS): NJ CDS Certificate

According to our *Credentialing and Recredentialing Policy for Participating Physicians and Healthcare Professionals* administrative policy, we require that physicians possess a current, unrestricted New Jersey Controlled Dangerous Substances (CDS) Certificate.

We allow physicians without a current, unrestricted New Jersey Controlled Dangerous Substances (CDS) Certificate to satisfy this requirement by establishing an arrangement with another participating physician (who has a current, unrestricted New Jersey CDS Certificate) to prescribe controlled dangerous substances on his/her behalf.

Completed and signed forms may be submitted to andros:

- By email to [credentialing@andros.co](mailto:credentialing@andros.co)
- By fax to **1-877-437-2909**

### Applicant Information

I, the applicant, in accordance with the *Credentialing and Recredentialing Policy for Participating Physicians and Healthcare Professionals*, have established an arrangement with the participating physician below (who has a current, unrestricted New Jersey CDS Certificate) to prescribe controlled dangerous substances on my behalf to my patients enrolled in Horizon BCBSNJ health insurance plans as appropriate per specialty.

Applicant Name: \_\_\_\_\_ Type 1 NPI \_\_\_\_\_

Specialty: \_\_\_\_\_

### Prescribing Physician

I, the prescribing physician of record, attest that I have a current, unrestricted New Jersey CDS Certificate and have established an agreement with the physician noted above to coordinate the prescribing of controlled dangerous substances in New Jersey to his/her patients enrolled in Horizon BCBSNJ health insurance plans as appropriate per specialty.

Prescribing Physician Name: \_\_\_\_\_ Type 1 NPI \_\_\_\_\_

Specialty: \_\_\_\_\_

NJ CDS Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Prescribing Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_