

Provider Add Form Tutorial and Guide

The Provider Add Form is used to add a new location for an in-network Eye Care Professional or to add an in-network Eye Care Professional to an existing office.

1. Select the network you would like to add the new office location: Davis Vision, Superior Vision, or both.
2. Select the Reason for Submission:
 - a. Add New Location – there is not currently an office number set up for this address - will need to choose Practitioner for full service
 - b. Add Credentialed Practitioner to a New Location – Dr is credentialed, just need to add to the new address.
 - c. Add Credentialed Practitioner to Existing Location – Office is already set up with an office number, and Dr. is credentialed – linking Dr and office with no other changes.
 - d. Add Dispense only location – No exams to be performed at this location at this time.
3. Is office affiliated through a retailer?
 - a. Enter name of retailer – If occupying space next to retailer, you must select yes whether you billing is through retailer or independent.
4. Needing to Add Multiple Credentialed Practitioners?
 - a. Select yes if you are adding more than one credentialed practitioner at this time.
 - i. You do not need to list practitioners already linked to the office.
 - ii. If you have 10 or more, you can complete a different form.
5. Select Plan types
 - a. All Health Plans – you will be added to all Health Plans available to your service area including Medicaid and Medicare if registered.
 - b. Medicare – select if you have registered with the state for this address – individual and group number required
 - c. Medicaid – select if you have registered with the state for this address – individual and group number required.
 - d. All Plans excluding Medicare/Medicaid – select if you are not registered with either group.
6. Practitioner Information
 - a. Enter the information for each practitioner to be added to this office location.
 - b. All information is required to ensure the correct practitioner is added.
 - c. Gender and Ethnicity are required for the provider directory
 - d. Individual Medicaid/Medicare are required, if registered, to be on panel
7. Additional Practitioners

- a. Select Yes if you will be adding more than one practitioner to the location(s)
 - b. Each additional practitioner must be already credentialed with Versant Health, if a practitioner is not credentialed, they will not be added, no action will be taken
 - c. Enter the Name and NPI number and Medicaid/Medicare number if needed.
8. Office Information
- a. Select yes to indicate if you have previously purchased or are taking over ownership of this location.
 - b. Select yes if adding multiple addresses and enter the primary address for this request.
 - i. Enter any additional addresses that will apply to this ECP
 - c. Group Medicaid/Medicare are required, if registered, to be on panel for the optical portion of this location.
 - d. Enter the Shipping Address for frames and correspondence if different than the office location address.
 - e. Identify FQHC and NJ Maps Program if applicable
 - f. Please indicate which network or both Davis and Superior

Please note – All other office set-up information will be obtained from the completed ADA and DOO forms attached to this request.

9. Additional Office Locations
- a. Select yes if you need to add the practitioner to additional locations, they can be new or existing.
 - b. First enter all the information for the first location
 - c. Enter the information for the 2nd office location
 - d. Under Office number enter a 1, then 2, 3 ect. if this is a new location, or the DV or SV office numbers from your provider portal.
 - e. All fields are not required if the office already exists, we can find it by office number and tax id, the W-9 is required.
 - f. All fields are required for new office locations along with the ADA Form, we will have all the necessary information to setup the office and the directory information.
10. Federal Forms – required print, sign, and attach for each location.
- a. Versant Health Federal Disclosure of Ownership
 - b. Versant Health Americans with Disabilities Act Provider Attestation
 - i. Contains additional information such as office hours and languages
11. Attach all required forms and W-9 for this office address
12. Sign
13. Additional information
- a. Add additional notes such as copy set up for another office location.

- b. Cannot be used for additional requests, if a change or termination is needed, please use the appropriate forms.
14. Review and Submit
- a. You will receive a confirmation and e-mail.
 - b. Processing time is approximately 15 days of receipt.
 - c. If the request is for a new office location, you will receive an e-mail with the new office number.
 - d. If the request is to add a Doctor to an existing location, you will see the doctor in the list on the provider portal when complete.