

Provider Change Form Tutorial and Guide

The Provider Change Form is used to notify Versant Health of your intent to change any element with your existing account. This applies to office locations and Eye Care Professionals.

1. Select the network you would like to perform the change: Davis Vision, Superior Vision, or both.
2. Enter Requestor's information
 - a. This will be used as the point of contact for this request only.
3. Enter the Effective date of the change.
 - a. This is the date you would like the change to go into effect.
 - b. You can enter today's date, however, we cannot go to a previous date

Reason for Request

1. Change Office Name.
 - a. You can choose the official name or DBA which will appear in the directory. Both is not required.
2. Practitioner Name Change.
 - a. The name must match the name on the primary state license.
3. Add Panel/Plan.
 - a. If you are not able to service a member that you should be, please select this box and enter the name of the panel or plan if you know it and the member ID to ensure the correct panel or plan.
4. Remove Panel/Plan.
 - a. Although we do not allow our providers to choose not to participate in individual plans, if you discover you are on a plan you should not be, we can check to see if it can be removed.
5. Change Current Contact Information
 - a. Phone
 - b. Fax
 - c. Website
 - d. E-mail
 - e. Contact name
6. Change Address
 - a. Physical – also directory
 - b. Shipping – frames and notifications
 - c. Billing – Checks and W-2s *Requires W-9

7. Change Tax Identification Number
 - a. Must include W-9 with billing address
 - b. Will require a new Office number
 - c. Will required a 48 hour window to transfer account information
8. Sell of Practice/Ownership Change
 - a. Must include W-9 and Bill of Sale
 - b. Will require a new Office number if Tax Id Number is different (common)
 - c. Will require a 48 hour window for completion
 - d. Will transfer ownership of collection of frames (on consignment)
9. Add/Remove Medicaid and Medicare
 - a. Medicaid and Medicare panels are added and removed based on the Medicaid and Medicare numbers in our system and the state lists.
 - b. If you have recently joined, please provide the approval letter.
 - c. The address and number must match exactly for each office location.
 - d. You can only be removed if you are added in error. All additions and removals are based on the state master lists.
10. Exclusive Frame Collection
 - a. Please identify if you currently have the frame collection – this will be used to match our records.

Current Office Information

Enter the Davis Vision and/or Superior Vision Office Information

- a. The office number (ID) can be found on the ECP Portal.
- b. Enter the Office name as it appears on the Directory.
- c. Enter the current office address information.
- d. If needed enter the current Shipping and Billing address information.
- e. Enter the Current office Phone and Fax number and E-mail
 - i. This is the information that appears in the directory.
- f. Enter the current tax identification number for the office
 - i. This is used to ensure we locate the correct office.
- g. Enter the Name and NPI number of the practitioner if needed.

New Office Information

- a. Enter the office name as it should appear in the Directory.
- b. Enter the office address information as it should appear in the Directory.
- c. If needed enter the updated Shipping and Billing address information.
 - a. Please attach a W-9 to change the billing address – the TIN must match TIN currently in the system.

- d. Enter the New office Phone and Fax number and E-mail if needed.
 - i. This is the information that appears in the directory.
- e. Enter new tax identification number for the office if changing
 - ii. W-9 is required for this change
- f. Enter your Medicaid/Medicare number if needed.

Attach Documents

Click the square to add an electronic copy of your forms

- a. W-9 must be signed
- b. Bill of sale – must include both party names
- c. Medicaid/Medicare approval letters
 - a. Please include for each practitioner and registered address.
 - b. Will be verified on state list.

Other Information

Practitioner Name Change

- a. Enter the new practitioner name
 - a. Also enter the NPI number for verification

Panel/Plan and Member ID

- a. Enter the name of the panel or plan if known
- b. If unknown, enter the Member ID for research

Sign and Date the form.

You will receive a confirmation notification and e-mail.

Changes are typically processed within 15 days of receipt. Please check your information on the portal to see the changes. **If** additional information is needed, a Provider Network Operations Data Specialist will contact you.