

Provider Termination Form Tutorial and Guide

The Provider Termination form is used to notify Versant Health of your intent to terminate participation. This applies to office locations and Eye Care Professionals.

1. Select the network you would like to discontinue participation: Davis Vision, Superior Vision, or both.
2. Select to termination the office location or Eye Care Professional only.
3. Select if your office currently has an eyewear collection and provide the address you would like Versant Health to send return materials. You will receive a box with space for 222 frames and a return shipping label all and no cost to you. We do not ask for the tower; it that can be returned or recycled.

Provider Information

1. Enter Requestor's information.
 - a. This will be used as the point of contact for this request only.
2. Enter the Effective date of the termination.
 - a. This is the date you would like the termination to go into effect. Please keep in mind the notification requirement per your agreement.
 - b. If the termination is due to closed practice, no longer at location, etc. Enter the date you need to close the account
 - c. You will no longer have access to the portal as of this date. Plan to complete all billing, address changes etc.
3. Select if you are terminating more than one location.
 - a. Select this box as well if you are terminating an office in both Davis Vision and Superior Vision.
4. Enter the Office information for each location:
 - a. Network – Davis Vision or Superior Vision
 - b. Office number – found on the provider portal
 - c. Address – current physical address
 - d. Tax Id Number – current TIN associated with office (for verification)
5. Select if you are terminating more than one Eye Care Professional (if not terminating the office location)
 - a. Terminating an office location will terminate all linked ECPs
 - b. Enter the NPI number and name for each practitioner to be removed.

Reason for Termination

1. Select a Reason for termination

- a. Closed practice – no longer providing services at this address, no notification date required
 - b. Doctor Retired/Deceased/Left office – no notification date required
 - c. Sold Practice/Combined practices – provide new owner information if available – may be possible to transfer responsibility for collection of frames. May utilize change form instead.
 - d. Reimbursement rates, Lab Issues, scaling back – Require 90 or 60 day notification
 - e. Other – rarely used, will require explanation
2. Sign, Date and upload any documents if needed.

You will receive a confirmation notification and e-mail.

A Provider Network Operations Data Specialist will contact you within 15 days to confirm the information provided if needed.