



## Provider Nomination Form

If you wish to nominate a particular optometrists, ophthalmologists or optician for participation on the EyeMed Network, please complete the following form and return your nomination to:

EyeMed Vision Care                      FAX: 513-765-3028  
Attn: Provider Relations              E-mail: hrufft@eyemedvisioncare.com  
4000 Luxottica Place  
Mason, OH 45040

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**Group Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Provider:** \_\_\_\_\_

**Please circle one of the following:**    **Ophthalmologist (M.D.)**    **Optometrist (O.D.)**    **Optician/Dispensary (Opt.)**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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This is not a guarantee that the above provider/facility will be eligible to become an EyeMed provider. Please check with your provider prior to receiving services.

EyeMed Customer Service is available seven days a week, including evenings. The Customer Care Center is available at 866-798-9189 Monday through Saturday 8:00 a.m. to 11:00 p.m. EST and Sunday from 11:00 a.m. to 8:00 p.m. EST.

Your time and assistance in completing this form is appreciated and will help us to provide you with the provider access you deserve. Thank you for submitting this nomination.

Date Received: _____ By: _____
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