

Provider Update Form

OptiCare Managed Vision
AECC Total Vision Health Plan of Texas, Inc.

Please complete this form and return to fax number (800) 980-4002 or e-mail to networkmanagement@opticare.net.

Date of Request: _____ Practice Name (d/b/a): _____

Phone: _____ Fax: _____ Office Contact: _____

Provider(s) affected by change: _____

A provider listing can be attached if necessary.

Please check appropriate boxes, indicating changes to be made.

1. Closing or Moving an Office Provider Leaving an Office

Effective Date: _____ Primary Office? Y N

Street Address: _____ City _____ State: _____ Zip: _____

2. Adding a New Location 911 Address Change

Effective Date: _____ Primary Office? Y N

If adding a new location, please complete entire office section below. For 911 address change, only address is required.

New Office Location Information

	Services Provided at this Location		Office Hours	
Practice Name d/b/a (or directory listing)	Glasses (circle):	Yes No	Sun:	_____
Practice Address	Contacts (circle):	Yes No	Mon:	_____
	Routine Exams (circle):	Yes No	Tues:	_____
City _____ State _____ Zip _____	Medical/Surgical (circle):	Yes No	Wed:	_____
	Accepting New Patients (circle):	Yes No	Thurs:	_____
	24hr/7day Coverage (circle):	Yes No	Fri:	_____
County: _____	Handicap Accessible (circle):	Yes No	Sat:	_____
Phone: (____) _____ - _____	Medicaid Location # : _____			
Fax: (____) _____ - _____	<i>(for TX, PA, GA & IN providers only)</i>			
Billing Information (if same as above, leave blank)	Group (Type II) NPI (if applicable): _____			
Business Name: _____	Tax ID# (if new, W-9 must be completed): _____			
Address: _____	Is this a retail chain location (or next door to one)? If yes, please list: _____			
	<i>(ie. Wal-mart, JC Penney, Sears, Pearle Vision, etc.)</i>			

3. Tax ID Change Effective Date: _____ **Return a completed W-9 form.**

Old Tax ID: _____ New Tax ID: _____

4. Billing (remit to) Address Change Mailing (Correspondence) Address Change

Old Address: _____

New Address: _____

5. Other. Describe briefly or call Network Management at (800) 531-2818 for assistance.