

Provider Onboarding Form Submission Process

Provider Onboarding Form Network Participation

For this field, the submitter must select if they have interest in participating with the other network or if they currently participate in the other network.

Would you also like to join the Davis Vision Network? *

Yes

No, I'm not interested

No, I'm already a part of the network

Should the submitter select *Yes*, they will be redirected to complete the other network Provider Onboarding Form once the current Provider Onboarding Form is submitted for processing.

Provider Onboarding Form Completion and Review

From this page, the submitter must review the answers provided above prior to submission.

Attestation: I understand and acknowledge that neither the submission of a completed Versant Health, Provider Application nor the execution of a Versant Health Participating Provider Agreement constitutes acceptance as a Versant Health Participating Provider. Acceptance as a Versant Health Participating Provider is contingent on the acceptance by Versant Health of an applicant's completed Application, and on the execution by the applicant of a Versant Health Participating Provider Agreement, and on the receipt by the applicant of the forms, manual and samples required for participation. Versant Health reserves the absolute right to determine which applicant is acceptable for participation and in which groups an applicant will participate.

[Clear](#)

Signer Name *

<input type="text" value="Jane"/>	<input type="text" value="Doe"/>
First Name	Last Name

Nomination Code

Additional Information


PrintReview Answers

The Review Answers button is always grayed out.

7/29/2021 Superior Vision - Apply To Join Our Network

[Find an Eye Care Professional](https://superiorvision.com/locator/) [Contact Us](http://superiorvision.com/contact/)
[\(http://superiorvision.com/contact/\)](http://superiorvision.com/contact/)

[Disaster Relief](http://superiorvision.com/coronavirus-update/) [\(http://superiorvision.com/coronavirus-update/\)](http://superiorvision.com/coronavirus-update/)



<https://superiorvision.com>

Member Log In
<https://portal.superiorvision.com/account/login/member>

Apply To Join Our Network

Before you begin, ensure you meet these requirements below.

For independent practices:

- I have an NPI number
- I have a current application on CAQH (Council for Affordable Quality Healthcare) or OneHealthPort (for practices in the state of Washington)
- For Medicaid and/or Medicare plans, I have a valid Medicaid and/or Medicare ID


For retailers:

- I have an NPI number
- I have a current application on CAQH

If the eye care professional is not currently active with CAQH <https://proview.caqh.org/PR/Registration> and would like to be join our network, please register [here https://proview.caqh.org/PR/Registration](https://proview.caqh.org/PR/Registration).


Network Onboarding Form

This onboarding form will be utilized in your official application. Ensure all fields are completed accurately and accordingly. Once submitted, a recruiter will reach out to you – via email – within four business days to guide through the onboarding process.

 Reason for Submission *

<https://superiorvision.com/eye-care-professionals/join/apply/> 1/11

Print 11 sheets of paper

Destination  HPEA5AB4 (HP ENVY) ▾

Pages All ▾

Copies 1

Layout Portrait ▾

Color Black and white ▾

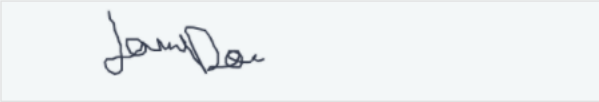
More settings ▾

The submitter will have the capability of printing the submission but this option will not submit the onboarding form. The submitter must select *Review Answers* to move forward.

Provider Onboarding Form Submission

From this page, the submitter may return to the form, print and submit.

Signature *



Signer Name *

Jane Doe

Nomination Code

Additional Information

***Versant Health Use Only**

Exclusive Collection

Contract Type

Plans to be Mapped

REIM


Lab Usage

Back to Form Print **Submit**

Again, the submitter will have the capability of printing the submission but this option will not submit the onboarding form. The submitter must select *Submit* to move forward.

Onboarding Form Submission Confirmation

Once the Provider Onboarding Form has been submitted, the submitter will receive the following notification via a webpage for the appropriate network webpage..



Thank You!


Your Superior Vision Network Development Onboarding Form has been received.

An associate with the Network Development Department will provide all applicable documentation to successfully fulfill the request within 4 business days.

Application processing times for Credentialing Application(s) is between 60 to 90 business days.

Application processing times for Update Application(s) is between 30 to 60 business days.

If you are interested in joining the Davis Vision Network, ensure you submit a Provider Onboarding Form by visiting <https://davisvision.com/eye-care-professionals/join/apply/>

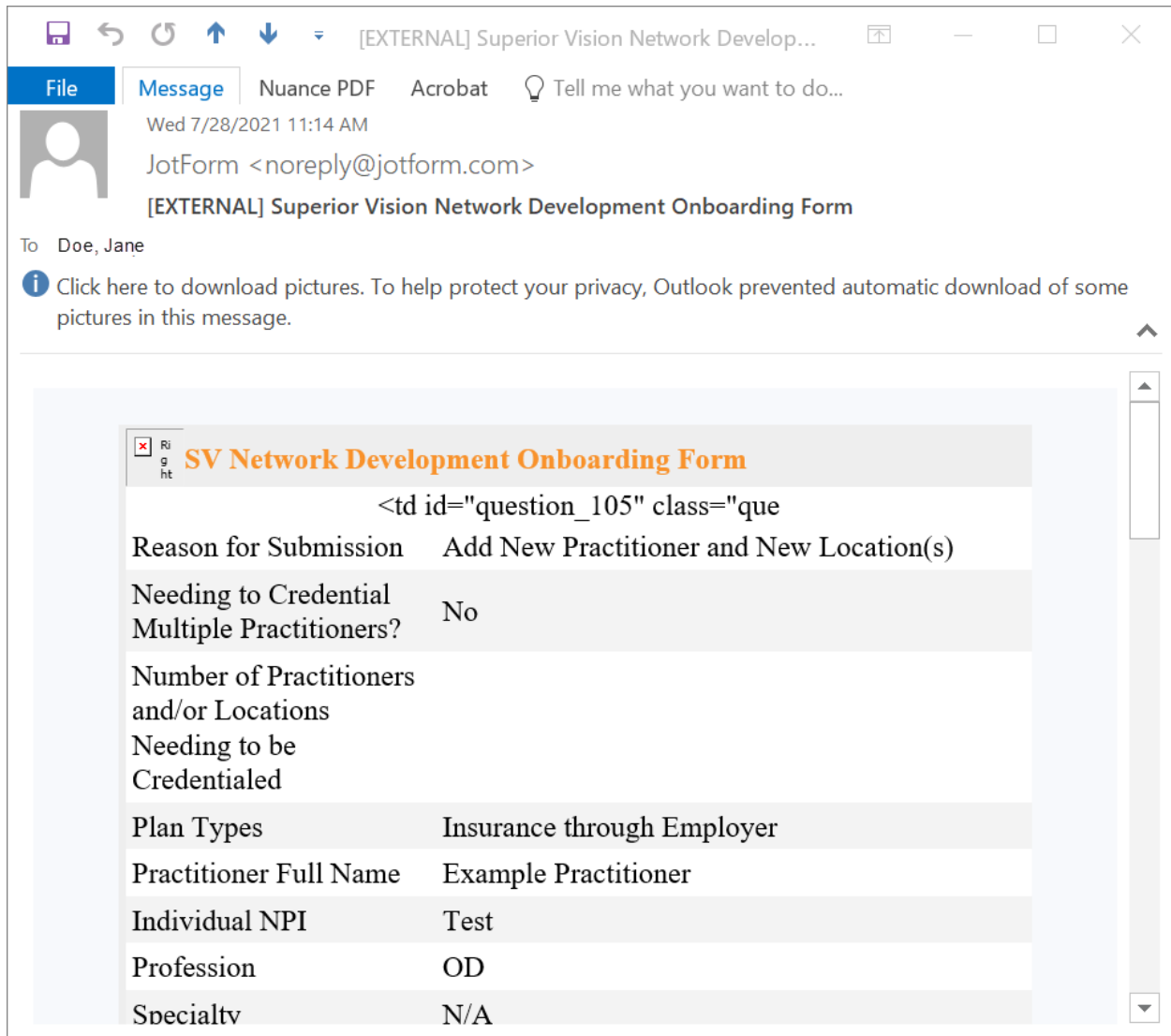
 Fill Again

Per the example above, the thank you notification will include the timeframe for next steps, application processing times and a link to apply for the other network.

Separate Provider Onboarding Forms are required for each network as this form will take place of the Provider Add Form from the practitioner's Credentialing Application to join a network.

Copy of Onboarding Form

Once submitted, a copy of the Provider Onboarding Form will be sent to the email provided on the form.



The screenshot shows an Outlook window titled "[EXTERNAL] Superior Vision Network Develop...". The message is from JotForm <noreply@jotform.com> dated Wed 7/28/2021 11:14 AM. The subject is "[EXTERNAL] Superior Vision Network Development Onboarding Form". The recipient is "Doe, Jane". A warning icon indicates that Outlook prevented automatic download of some pictures in the message.

The attached form is titled "SV Network Development Onboarding Form" and contains the following data:

Reason for Submission	Add New Practitioner and New Location(s)
Needing to Credential Multiple Practitioners?	No
Number of Practitioners and/or Locations	
Needing to be Credentialed	
Plan Types	Insurance through Employer
Practitioner Full Name	Example Practitioner
Individual NPI	Test
Profession	OD
Specialty	N/A