



Superior Vision Services, Inc.

### **PROVIDER NOMINATION FORM**

Please complete this form if you wish to recommend a provider for possible contracting into the Superior Vision Plan Preferred Provider Panel. You may either mail or fax your completed nomination form to:

Superior Vision Services, Inc.  
Provider Relations/Network Development  
11101 White Rock Rd., Suite #150  
Rancho Cordova, CA 95670  
Fax: (916) 852-2380

Your Name: _____	Date: _____	
Company: _____		
Name of Provider: _____		
Ophthalmologist (MD)	Optometrist (OD)	Optician or Optical Store
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Email address: _____		
Telephone: (____) _____	Fax: (____) _____	

If you have any questions regarding a provider nomination, please call Customer Service at (800) 507-3800.

Please note that every effort will be made to consider your nomination. However, geographical network space, provider's response, or Superior Vision's qualifying guidelines may restrict provider participation.