

Vision Service Plan Doctor Nomination Form

I would like to nominate my doctor for inclusion in the Vision Service Plan (VSP) Member Doctor Network. I understand that VSP retains final authority for approving membership in the provider network. I also understand that VSP may use my name when contacting my doctor and inform him/her of my desire for them to join the network.

DATE: _____

Patient's Name: _____

Employer: _____

Phone: _____

DOCTOR

Name: _____

Address: _____

Phone: _____

Specialty: _____

Please submit completed form to: Vision Service Plan
Attn: Ms. Julie Daniel
Account Management
3333 Quality Drive
Rancho Cordova, CA 95670
FAX: 916-858-5250

