Credentialing Status Form

Please complete the entire form and return to visionnominations@uhc.com or fax to 855-250-8162.
We kindly ask that you wait at least 60 days after submitting your application before reaching out for a status update.

Select the network the change applies to:

☐ UnitedHealthcare Vision Network / Spectera Vision Network
☐ UnitedHealthcare Community Vision Network / March Vision Network

Personal Information

Requestor's name: _____

Requestor's email: _____

Requestor's fax #: _____ Requestor's phone #: _____

Provider information

Provider name: _____ Date of Birth: _____

Provider NPI: _____ CAQH #: _____

Address where provider should be added/credentialed

Street address: _____

City: _____ State: _____ Zip code: _____

Phone #: _____ TIN: _____

☐ Select if the original application included two or more locations

Date of original application submission: _____

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