



Anthem (Blue) Vision Provider Recruitment Request Form

To request a non-participating Ophthalmologists, Optometrists, or Opticians be contacted to join our network, please complete the following form and e-mail, fax, or mail once complete to the address information listed below. To verify that the prospected provider is not currently participating in the network, refer to the provider locator available on the web.

Provider Name:

Provider Address:

City:

State:

Zip:

Telephone Number:

Requested by:

Group:

Size:

Broker:

Sales Rep:

Other:

Anthem (Blue) Vision

Attn: Provider Relations

555 Middle Creek Pkwy

Colorado Springs, CO 80921

Fax: 719/488-7548

E-mail: avrpf@wellpoint.com

Please note that submitting this form does not guarantee provider participation with the plan. The process can take up to 12-14 weeks from the initial request to the completion of the provider credentialing.

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