

MEMBER'S INFORMATION

I don't see my vision provider listed as part of the Heritage Vision Plans Network and would like to nominate my doctor and the practice location for inclusion.

DATE:**MEMBER NAME:****EMPLOYER/GROUP NAME:****PHONE:****EMAIL:****PROVIDER INFORMATION****PRACTICE NAME:****DOCTOR(S) NAME:****ADDRESS 1:****ADDRESS 2:****CITY, STATE, ZIP:****PHONE:****EMAIL:**

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Submit the completed form using one of these methods:

Email to: provider_relations@heritagevisionplans.com

Mail to:

Heritage Vision Plans, Inc.

Attention: Provider Relations

One Woodward Avenue, Suite 2020

Detroit, MI 48226

Questions? **Call 800.252.2053**

I understand that Heritage retains final authority for approving membership in its provider network.

I also understand that Heritage may inform the doctor of my nomination.