



Nominate a Provider

If you wish to recommend an ophthalmologist, optometrist, or other eye care provider for participation in our network, please complete this form and mail or fax it to us.

Fax: (443) 896-0515

UnitedHealthcare Vision
Attn: Network Development
Liberty 6, Suite 200
6220 Old Dobbin Lane
Columbia, MD 21045

Name of Doctor: _____

Name of Practice/Office: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Date: _____

Your Name: _____

Your Employer/Group: _____

UnitedHealthcare will make every attempt to contact doctors. Please allow 60-90 days from the time this form is received for the doctor to join the network. Submission of this form is not a guarantee that the doctor will choose to participate in our network. Find providers near you at myuhcvision.com.

Thank you for your nomination!

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.