SOUTHLAND BENEFIT SOLUTIONS

VisionChoice® Provider Nomination Form

Please complete this form if you wish to recommend a provider for participation in the VisionChoice® program. You may mail, e-mail or fax your completed nomination form to:

Southland Benefit Solutions
Vision Provider Relations/Network Development
Attn: Glynda Simpson
P.O. Box 1250
Tuscaloosa, Alabama 35403
Fax: (205) 409-2530
E-mail: gsimpson@southlandbenefit.com

Your Name:_____ **Date:**_____

Your Company:_____

Name of Provider:_____

○ Ophthalmologist (MD) ○ Optometrist (OD) ○ Optician or Optical Store

Street:_____

City:_____ **State:**_____ **Zip Code:**_____

Telephone:_____ **Fax:**_____

Please note that every effort will be made to consider your nomination. However, geographical location and the VisionChoice® qualifying guidelines may restrict provider participation.

Rev. 2015-11-30