



Provider Demographic Changes

Davis Vision requires participating providers to submit written notification of all changes regarding their practice prior to the change(s) effective date. To assist you, we have created three forms available on the provider portal: Provider Change Form, Provider Add Form, and Provider Termination Form.

Some the changes that require written notification prior to the change(s) effective date are:

- Participation status (90 days notification is required for terminations)
- Group/ Doing Business As (DBA) names
- Tax ID numbers (30 days notification is required for changes)
- NPI (individual and organizational)
- Service location addresses (additions, closings, relocations)
- W-9 names
- W-9 addresses
- Billing addresses
- Telephone / Fax numbers

Provider's written notifications must include the Provider's name, TIN, authorizing signature, contact information for inquiries and a description of the change along with the effective date. Davis Vision does not make retro-active changes. Once the appropriate documentation has been received, we will update the information to reflect the change in our systems within 10-14 days. Failure or delay in submitting provider information may result in a delay of claims payment or claims denial.

It is important to Note:

- All changes in regards to billing and Tax ID must be accompanied by an updated W-9 Form or the change cannot be processed.

When notifying us of a change, fax the completed form to the Network Operations Department at or mail the form to:

Please mail, fax and/or e-mail all provider changes to:
Davis Vision
ATTN: Network Operations Department
175 E. Houston Street, 7th Floor
San Antonio, Texas 78205
Fax: 210-245-2172

Your cooperation in providing the most up-to-date information for directory purposes and our members is appreciated.