

DAVIS VISION

EYECARE REFRAMEDSM

CREDENTIALING DOCUMENT REQUIREMENTS FOR NETWORK PARTICIPATION

STATE OF WEST VIRGINIA

Complete all information and provide documents listed below.* No authorization to provide services shall be granted prior to an applicant's satisfactory completion of the credentialing process.

A valid National Provider Identifier number is a required element of the application process. Provide your Individual NPI number on the application. Provide your Organizational NPI number either on the application or include documentation of your Organizational NPI number from CMS on a separate sheet.

_____ **APPLICATION**

State of West Virginia Credentialing Form

_____ **PARTICIPATING PROVIDER AGREEMENT[^]**

^All applicants/practitioners must sign and complete all information required on the signature page of the Participating Provider Agreement, and must return the signed (complete), original Provider Agreement to Davis Vision.

_____ **COPY OF BLANK PATIENT EXAM FORM**

_____ **W-9 FORM**

***Kindly forward all documentation to: Davis Vision, Inc., 175 East Houston Street, San Antonio, TX 78205
-Attn: Recruiting Dept.**

