



ADD LOCATION FORM

This form and the associated documentation are required to notify MESVision of a new service location for a participating provider or group. This form is also available on our website at www.mesvision.com. If you have any questions, contact us at (800) 877-6372. A representative will be available to assist you Monday through Friday from 8:00 AM to 5:00 PM PST.

A fee of \$250.00 is required for each additional dispensing office. The exception is when there is an existing participating provider listed as dispensing at this service location. Make checks payable to MESVision.

Effective Date: _____

PROVIDER NAME		NPI
PRACTICE NAME/DBA	CHECK ALL THAT APPLY <input type="checkbox"/> Eye Exams <input type="checkbox"/> Frames & Lens <input type="checkbox"/> Contact Lens	
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	
EMAIL ADDRESS		
LANGUAGE(S) SPOKEN BY DOCTOR AND/OR STAFF		
OFFICE HOURS		
MON: _____ to _____	FRI: _____ to _____	
TUES: _____ to _____	SAT: _____ to _____	
WED: _____ to _____	SUN: _____ to _____	
THUR: _____ to _____		

BILLING & CORRESPONDENCE INFORMATION

NAME (AS SHOWN ON INCOME TAX RETURN)		TIN
ADDRESS		
CITY	STATE	ZIP CODE

Please attach a W-9 tax form with this request and mail, fax, or email to:

MESVISION
Attn: Provider Care
P.O. Box 25209
Santa Ana, CA 92799
Fax: (714) 824 – 8811
providerservices@mesvision.com