



New Provider Procedures

Please follow the below instructions to complete a new provider application.

Network Name	Required Documentation
	<p>First Look Vision Network</p> <ol style="list-style-type: none"> 1. Completed and Current CAQH Application 2. Current License for each state applying 3. Current Professional Liability Insurance (declaration page) 4. Current DEA and/or CDS, if applicable
	<p>AlwaysCare Benefits Dental Network</p> <ol style="list-style-type: none"> 1. Completed and Current CAQH Application 2. Current License for each state applying 3. Current Professional Liability Insurance (declaration page) 4. Current DEA If you do not have a DEA, provide a written statement explaining the reason and how you accommodate patients needing prescription medication. 5. Current CDS, if applicable 6. Current PCF, if applicable
<h3>Requirements for All Providers</h3>	
<ul style="list-style-type: none"> • If you are not currently contracted with First Look Vision Network or AlwaysCare Benefits Dental Network, request contracting information by email. • Whether applying to our dental or vision network, the following is required: <ul style="list-style-type: none"> ○ A signed and dated attestation. ○ Any work history gaps over 6 months require a written explanation. ○ Any background question with a “yes” answer requires a written and detailed explanation. The explanation must include the date. • WA providers should use ProviderSource. 	
<h3>Additional Information</h3>	
<ul style="list-style-type: none"> • The use of CAQH is not required. If you do not use CAQH, please contact us to request an application. • Please keep a copy of all paperwork for your records. 	
<p>Return completed paperwork to:</p> <p>Mail: Provider Relations, PO Box 98100, Baton Rouge, LA 70898</p> <p>Email: ProviderRelations@Unum.com</p> <p>Fax: (225) 400-9326</p>	<p>Credentialing Contact:</p> <p>Phone: (888) 400-9304</p> <p>Email: ProviderRelations@Unum.com</p>