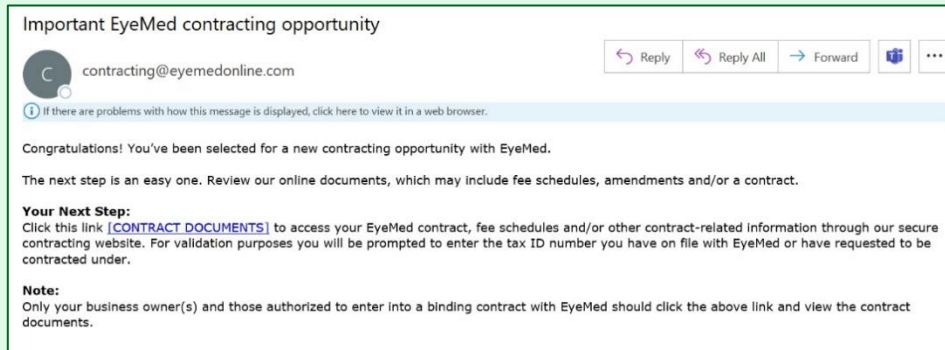


Accepting and viewing new contract opportunities

Step 1

You will receive an email notice from contracting@eyemedonline.com to the primary email associated with your Tax ID. To accept and review your updated or new contract opportunity, select the Contract Documents link.



Step 2

Once selecting Contract Documents, you will be directed to EyeMed's contracting portal. Enter your associated Tax ID to log in to the system.

Please enter your Tax ID below to verify your identity.

Tax ID

Sign in

Step 3

Once logged in, a prompt will appear asking you to download and review your contract along with accepting your contract.

Please follow these instructions to electronically complete and submit your contract documents. Be sure the person who reviews, signs and submits the new contract is authorized to do so.

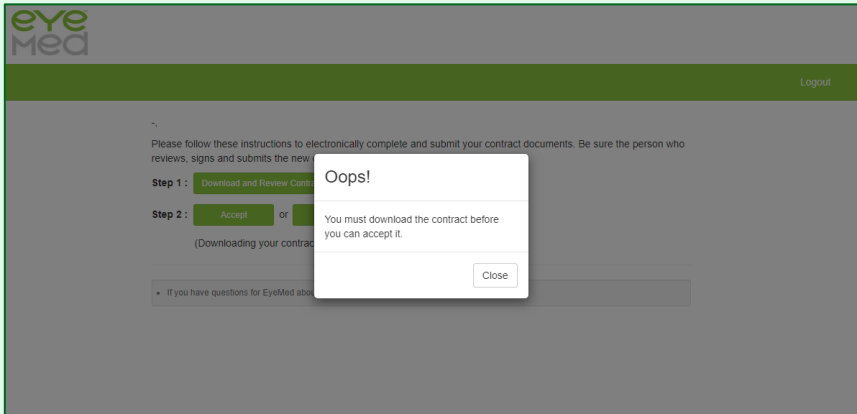
Step 1 : [Download and Review Contract...](#)

Step 2 : [Accept](#) or [Decline](#)

(Downloading your contract is required before accepting.)

If you have questions for EyeMed about the content of the contract, call 1.888.581.3648.

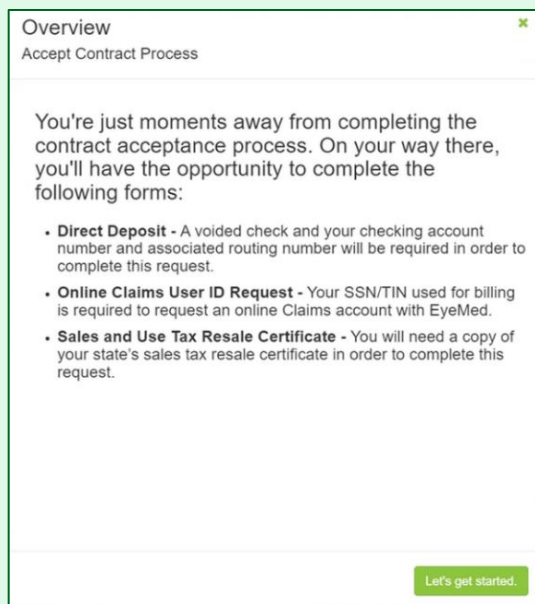
Before you can accept or decline your contract, Step 1 must be completed by selecting Download and Review Contract. If you click Accept or Decline before completing Step 1, an error message will appear.



Step 4

If you are a new provider, you will need to submit your direct deposit information and request an online claims user ID. If you are located in a state or region that charges sales tax on eyewear, you will additionally be asked to provide a copy of your Sales and Use Tax Resale Certificate.

If you are an existing provider, skip steps 4 - 10.



Step 5

A prompt will appear for any documents or steps to complete before accepting your contract. The Online Claims User ID Request allows you to request access to our online claims system where you can look up member eligibility and benefits and file online claims.

Online Claims User ID Request ✕
 Accept Contract Process

Would you like to submit an Online Claims User ID Request? This online account will be used to validate member eligibility and submit electronic claims.

Step 6

Select Yes on the prompt and keep your existing window open. A new page will open to our online form. Select Request Online Claims System Login from the menu and follow the onscreen prompts to complete your request. Once complete you can close this window and return to your existing window.

Provider Forms eye Med

Important Notice
 Please allow 15 business days for your request to be processed. Some changes may require additional paperwork and processing time may extend longer than 15 business days. Please look at the bottom of page for required attachments needed before form submission.

- Add a New Location
- Add Credentialed Provider to Existing Location(s)
- Change/Move Practice Address or Change Provider Name
- Remove Provider from Location
- Change TIN or Owner
- Update Payment Address/Upload Sales & Use Tax Resale Certificate
- Remove TIN or Remove Location
- Join or Leave Network(s)
- Sign Up for or Change Direct Deposit
- Request Online Claims System Login
- Special Programs / Documents

Join EyeMed as New Provider

1 Form Selection
Select your form(s)

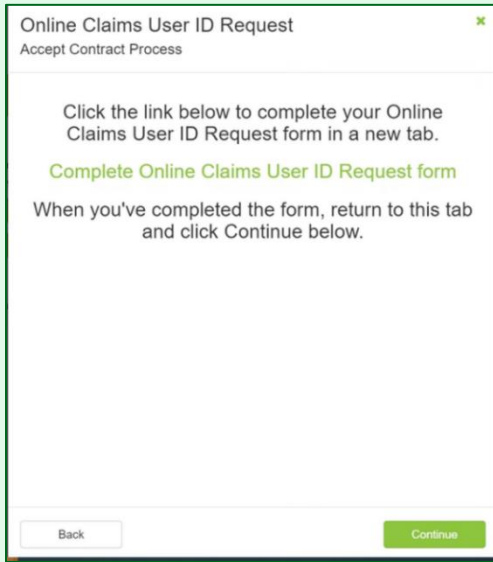
2 Requestor Details
Enter requestor information

3 Form Details
Complete your chosen form(s)

or

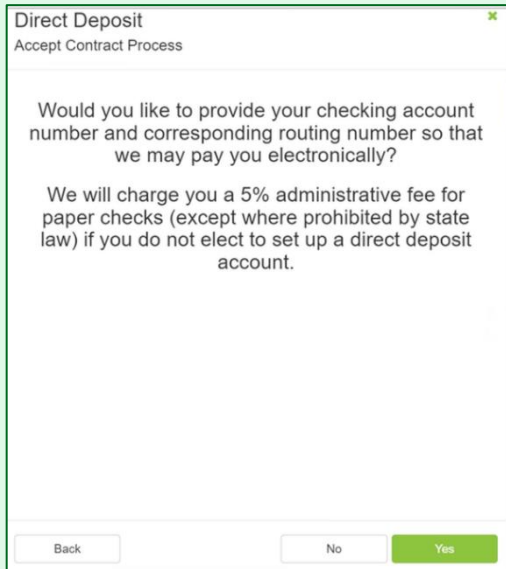
Step 7

Select Continue.



Step 8

Begin submitting your direct deposit information by selecting Yes from the Direct Deposit prompt box and keeping your existing window open.



Step 9

A new page will open to our online form. Select Sign Up for or Change Direct Deposit from the menu and follow the onscreen prompts to complete your request. Once complete you can close this window and return to your existing window.

Provider Forms eye
MED

Important Notice
Please allow 15 business days for your request to be processed. Some changes may require additional paperwork and processing time may extend longer than 15 business days. Please look at the bottom of page for required attachments needed before form submission.

- Add a New Location
- Add Credentialed Provider to Existing Location(s)
- Change/Move Practice Address or Change Provider Name
- Remove Provider from Location
- Change TIN or Owner
- Update Payment Address/Upload Sales & Use Tax Resale Certificate
- Remove TIN or Remove Location
- Join or Leave Network(s)
- Sign Up for or Change Direct Deposit
- Request Online Claims System Login
- Special Programs / Documents

Join EyeMed as New Provider

1 Form Selection
Select your form(s)

2 Requestor Details
Enter requestor
Information

3 Form Details
Complete your chosen
form(s)

Cancel Next

Step 10

After returning to your existing page and selecting Continue, the following prompt will appear confirming all required applicable steps have been completed.

Review
Accept Contract Process

Congratulations! Your contract is ready to be accepted.

Forms Review:

- Direct Deposit - **Skipped.**
- Online Claims User ID Request - **Skipped.**
- Sales and Use Tax Resale Certificate - **Skipped.**

Back
Continue

Step 11

After confirming all information has been completed, you're now ready to accept and sign your contract. Fill out the section with your Tax ID information and click accept.

Signature ✕

Accept Contract Process

The following fields represent the Eye Care Professional for the Tax ID below. The data will be used in the execution of the final contract.

Tax ID 00000000

Legal Name -

IP Address 168.149.143.202

First Name

Last Name

Title


Phone

Email

I have read and understand the attached contract. By clicking "I Accept" you represent, agree and acknowledge as follows: (1) you have read, understand and agree to be bound by the terms and conditions; (2) you have full authority to bind the business, entity and/or individual(s) within your business entity to the terms and conditions; and (3) you consent to the electronic exchange of information and approvals in this transaction and intent to be bound thereby.

A confirmation message will appear on your screen confirming you've accepted your contract.

Your executed EyeMed provider contract documents

 contracting@eyemedonline.com 👍 Reply Reply All Forward 📧 ⋮

🔔 If there are problems with how this message is displayed, click here to view it in a web browser.

Thank you for signing your new contract documents to participate on the EyeMed network(s) ([click here for a copy of your documents](#)). You play a vital role in the lives of our members, helping them see all the amazing things life has to offer. We're pleased to continue sharing your passion for vision wellness, while supporting you in growing your practice.

Thank you for being part of EyeMed's networks. We value your dedication and, together, we can help EyeMed's growing membership to see life to the fullest.

You will also receive an email confirmation confirming your contract has been accepted.

You accepted your contract documents with EyeMed Vision Care.

[Click here](#) to download your signed contract documents.

• If you have questions for EyeMed about the content of the contract, call 1.888.581.3648.

