



Lincoln VisionConnect[®] Provider Nomination Form

Nominate a Provider for Our Network



Lincoln VisionConnect[®] proudly partners with Spectera Network.

If you wish to suggest that a particular ophthalmologist or optometrist become a Lincoln VisionConnect[®] plan provider, please complete and submit this form.

Email: lincolnvisionconnect@lfg.com

Mail: Lincoln VisionConnect
Attn: Network Development
Liberty 6, Suite 200
6220 Old Dobbin Lane
Columbia, MD 21045

Provider Information

Your Name (requestor): _____

Request Date: _____

Name of Practice/Office: _____

Name of Doctor: _____

Office Street Address: _____

Office City, State, Zip: _____

Office Telephone Number: _____

Please allow 60 to 90 days from receipt of this form for a potential provider to be contracted. Please note that nominating a provider does not guarantee the provider will become a participant of this network.

Lincoln VisionConnect's Member Services can also be reached at 1-800-440-8453 if you have any questions regarding your plan design, a filed claim, or provider information. Customer Service is available from 8:00 a.m. to 11:00 p.m. ET Monday through Friday, and 9:00 a.m. to 6:30 p.m. ET on Saturdays.

Thank you for submitting this Provider Nomination Form.