



UNITED  
EYE CARE  
PROVIDERS

**UECP member updates**

Enclosed is requested information necessary for updating you on medical contracts, ACOs, and our general UECP files. This information will be securely monitored and protected. I have HMO and other plan information for members. Please complete this and transmit at your *earliest* convenience.

UECP Member name (please print): \_\_\_\_\_

Other doctors working in office:

\_\_\_\_\_  
\_\_\_\_\_

UECP member personal email (for **legal** documents)

▪ \_\_\_\_\_@\_\_\_\_\_

UECP member practice email (for **staff** information/insurance updates)

▪ \_\_\_\_\_@\_\_\_\_\_

Office Phone (     )     -     Office Fax (     )     -

Office Web Site: \_\_\_\_\_

Please complete and either:

- Scan and email to 'drrickavc@worldnet.att.net'
- Fax to (630) 243-7123

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