

**STATEMENT OF CONTROLLED SUBSTANCE COVERAGE**

Envolve Vision is NCQA certified in Credentialing and Utilization Management. In accordance with NCQA Credentialing guidelines, all practitioners that do not hold a valid DEA or CDS (state specific) certificate must arrange for another practitioner to fill prescriptions in the event pain management or additional substance treatment is required for patient care.

**In order to be considered for participation on Envolve Vision's medical panels, an applicant who does not have an active DEA and/or CDS certificate must:**

- Provide an explanation as to why the applicant does not prescribe medications that require a DEA and/or CDS certificate
- Provide the name of a consultanting Optometrist/Ophthalmologist who can prescribe controlled substances when necessary. The consultant must be available to provide appropriate patient care when the use of controlled substances is indicated.

Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Explanation of Why Applicant Does Not Prescribe Medications that Require a DEA and/or CDS certificate:

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

Full Name of Provider with DEA and/or CDS who will act as consultant: \_\_\_\_\_

Consulting Optometrist/Ophthalmologist Phone #: \_\_\_\_\_

Consulting Optometrist/Ophthalmologist DEA Certificate #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

and/or

Consulting Optometrist/Ophthalmologist CDS Certificate #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I hereby certify that all the information provided on this form is true and current to the best of my knowledge. I acknowledge that I have the responsibility to notify Envolve Vision if the arrangement between providers is in any way changed or terminated.

\_\_\_\_\_  
**PREPARED BY (PRINT)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

**FAX COMPLETED FORM TO (877) 805-1819  
ATTN: CREDENTIALING**