

To: AcariaHealth Specialty Pharmacy  
Re: MyAcaria Pro Access AND Delegate Assignment

AcariaHealth Representative Name: \_\_\_\_\_  
(Submit completed form to this person)

Facility Name: \_\_\_\_\_

**Delegate 1** Information (required fields):

Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

**Delegate 2** Information (optional fields):

Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

**Prescriber Information:**

I, the prescriber listed below, grant access to the delegate listed below to view my patients within MyAcaria Pro, AcariaHealth Specialty Pharmacy's online provider portal.

**1.** NPI: \_\_\_\_\_

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

Prescriber Signature: \_\_\_\_\_

Assign to Delegate: 1  2  Both

**2.** NPI: \_\_\_\_\_

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

Prescriber Signature: \_\_\_\_\_

Assign to Delegate: 1  2  Both

**3.** NPI: \_\_\_\_\_

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

Prescriber Signature: \_\_\_\_\_

Assign to Delegate: 1  2  Both

**4.** NPI: \_\_\_\_\_

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

Prescriber Signature: \_\_\_\_\_

Assign to Delegate: 1  2  Both

**5.** NPI: \_\_\_\_\_

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

Prescriber Signature: \_\_\_\_\_

Assign to Delegate: 1  2  Both

**6.** NPI: \_\_\_\_\_

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

Prescriber Signature: \_\_\_\_\_

Assign to Delegate: 1  2  Both

**7.** NPI: \_\_\_\_\_

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

Prescriber Signature: \_\_\_\_\_

Assign to Delegate: 1  2  Both

**8.** NPI: \_\_\_\_\_

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

Prescriber Signature: \_\_\_\_\_

Assign to Delegate: 1  2  Both