



APRIA HEALTHCARE®

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Lake Forest, California 92630
Tel 949.639.2000

Designation of Office Coordinator for ApriaLink Portal

Name of Physician's Office or Organization:
Address:
Phone Number:
Email Address:

The purpose of this document is to provide your office/organization with the authority to designate a coordinator (the "Coordinator") and a back-up Coordinator (the "Back-Up Coordinator") to facilitate your successful use of the ApriaLink Portal.

- 1. Facilitating requests for employees in your office/organization to become users of, and be able to access, the ApriaLink Portal.
2. Notifying Apria within three (3) business days if the employment of any employee who has been granted access to the ApriaLink portal ceases or is terminated.

Should the Coordinator's employment with your office/organization terminate, the Back-Up Coordinator will immediately assume the aforementioned responsibilities, including notifying Apria within three (3) business days of the termination of the Coordinator's employment.

Please evidence your agreement to and acceptance of the foregoing terms and conditions by executing this document in the space provided below.

AGREED TO AND ACCEPTED:

COORDINATOR:

Signature:
Name:
Title:
Email Address:
Date:

BACK-UP COORDINATOR:

Signature:
Name:
Title:
Email Address:
Date:

ADDITIONAL SIGNATURE:

If a physician's office:

Physician's Signature: NPI Number: Date:

If a hospital or outpatient medical facility:

Signature: Date:

Name and title of individual with authority to sign on behalf of hospital/outpatient medical facility:

*Note: If hand written, please print clearly

**Submit completed form to your Apria Sales Rep, fax to 844-719-0838 or email to systems.security@apria.com