



Pharmacy Portal New User Request Form

A separate Pharmacy Portal Access Identification form is required for each User requested.
Please provide identifying information for the one individual that should be receiving access to the Pharmacy Portal. You may submit the completed form by using the 'Submit by E-mail' button above, attaching in an e-mail to Provider.Relations@optum.com or fax to 1-877-339-0784.
Retail chain pharmacies need corporate approval before submitting a request for user access.

Pharmacy Information

NCPDP ID:

And / Or

Chain Code(s):

User Information

Last Name: First Name:

Pharmacy Information

Location Name:

Primary Phone:

Email Address:

To the best of my knowledge the information supplied in this document is true, accurate and complete and is hereby released to OptumRx for the purpose of Accessing the Pharmacy Portal. I understand that falsification; omission or misrepresentation of any information in this document will result in a denial of access to the Portal, possible closure of current provider members and the denial of future enrollment requests, and may be punishable by criminal, civil or other administrative actions.

I understand that my signature along with checking the disclaimer acceptance below, certifies that I am authorized to make binding decisions on behalf of the Pharmacy/Facility listed above.

User Signature:

Disclaimer Acceptance

Date: