



STATE USE ONLY—CASE NUMBER:

Pharmacy Benefit Manager Examiner Phone 208-334-4250
 700 W. State St., 3rd Floor Fax 208-334-4398
 Boise, ID 83720-0043 Email pbm@doi.idaho.gov

PBM COMPLAINT FORM

The following information is needed to act on your request. Please complete this complaint form and mail, fax, or email it to the address above. Another option is to complete an online complaint via our website www.doi.idaho.gov.

Please attach copies of important documents or letters related to your complaint.

Please print or type. * indicates a required field.

Current Date of Complaint:

Complainant Information

First Name *		Last Name *	
Phone *		Fax	
Email *			

Pharmacy Information

Pharmacy Name *			
-----------------	--	--	--

NCPDP No. *			
NPI No.			

Pharmacy Address *	Street			
	Street			
	City	State	Zip Code	

Preferred method of contact	Email	Phone	Mail	
	Other	Please specify:		

PBM Information - Who your complaint is against and their contact information

Name of PBM Company *			
-----------------------	--	--	--

PBM License No.			
PBM BIN *	PBM PCN		
PBM RX Group No.			
PBM Phone *	PBM Fax		
PBM Email			

PBM Address	Street			
	Street			
	City	State	Zip Code	

Complaint Category*			
If Selected "Other" please explain:			

Date of service start or individual day			
And/Through Date Selection			
Date of service end or individual day			



Pharmacy Benefit Manager Examiner
700 W. State St., 3rd Floor
Boise, ID 83720-0043

Phone 208-334-4250
Fax 208-334-4398
Email pbm@doi.idaho.gov

Have you reached out to the PBM about this issue? Are they trying to assist you? *

Empty response box for PBM contact information.

Please describe your concern or complaint. (Include drug name and prescription number here.) *

Empty response box for describing the concern or complaint.