



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.

Current Date of Complaint:**Complainant Information**

First Name *		Last Name *	
Phone *		Fax	
Email *			

Pharmacy Information

Pharmacy Name *	
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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 *	
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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	



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

Please describe your concern or complaint. *

Please list prescription numbers and drug names as part of the complaint here:

Prescription Number *	
Drug Name *	
Prescription Number	
Drug Name	
Prescription Number	
Drug Name	
Prescription Number	
Drug Name	
Prescription Number	
Drug Name	