WEST VIRGINIA OFFICES OF THE INSURANCE COMMISSIONER
Pharmacy Benefit Manager Complaint Form

West Virginia Code §33-51-1 et. Seq. allows the Offices of the Insurance Commissioner, hereafter OIC, to receive and review complaints for violations of the Pharmacy Auditing and Integrity Act. Using this online form is considered a formal complaint to the OIC pursuant to West Virginia Code of State Regulations Title 114 Series 99. The OIC may contact you for additional information.

CONTACT INFORMATION	
Name:	County:
Address:	
Email Address:	Telephone #:
Insured Name:	
Member ID:	Group Number:
Plan Name:	
BIN:	PCN:

PHARMACY INFORMATION
Pharmacy Name:
Pharmacy NPI:
Pharmacy Address:
Pharmacy Telephone:
Pharmacy Email:

CLAIM INFORMATION	
Pharmacy Benefit Manager:	
Other Entities/Individuals Involved:	
Drug Name:	Fill Date:
Rx Number:	Transaction #:
NDC:	GPI:
NADAC:	WAC:
Total Price Paid:	Patient Copay:
Paid Ingredient Cost:	Paid Dispensing Fee:
Quantity Dispensed:	Day's Supply:

WVOIC Pharmacy Benefit Manager Complaint Form

Concerning the alleged violation, please provide the following information: the statutory provision violated, if known, the facts and circumstances which form the basis of your complaint, the name of any individual or other entity involved, and any references to specific contract language that are relevant to the complaint. Please attach copies of any relevant correspondence, contract provisions, etc. You may attach additional pages if necessary.

Please be advised that your complaint and any documents which you provide at any time in connection with your complaint may, as appropriate, be shared with the insurance company, agent, adjuster or any other entity regulated by the Insurance Commissioner against whom your complaint is filed. These documents may also be distributed to other parties engaged in your contested case or other matters pending before the Insurance Commissioner, including appropriate employees of this agency. However, documents and information that are exempt under the West Virginia Freedom of Information Act will not be released if we receive a request for the records under that Act. By signing and submitting the complaint below, you are specifically authorizing the Offices of the West Virginia Insurance Commissioner to disseminate or distribute to any party or entity described above any private information that you have filed at any time with the Consumer Service Division that relates to your complaint. You further authorize such other distribution of this information as the laws of the United States and the State of West Virginia permit or require.

Signature: _____ Date: _____

Please complete, sign, date, and return the original form with any attachments to:

Life and Health Division
WV Offices of the Insurance Commissioner
Post Office Box 50540
Charleston, West Virginia 25305-0540

Telephone (304) 720-8584
Fax (304) 558-4965
OICPBM@wv.gov
www.wvinsurance.gov