



PBM CONTACT INFORMATION CHANGE FORM

Use this form to update the physical, mailing and statutory address contact information for the Pharmacy Benefit Manager (PBM). Any other changes for the PBM please contact the Regulated Industry Services for additional instructions. Email this completed form to jeanette.pearce@oid.ok.gov. If there are any questions, please contact Jeanette Pearce at 405-521-6651 or by email.

*Name of PBM: _____

DBA (if applicable): _____

*FEIN: _____ *Oklahoma License No: _____

*Physical Address: _____

*City: _____ *State: _____ *Zip: _____

*Mailing Address: _____

*City: _____ *State: _____ *Zip: _____

*Statutory Address: _____

*City: _____ *State: _____ *Zip: _____

*Business Telephone: _____ *Toll Free Number: _____

*Main Email: _____ *Website: _____

*Person to contact regarding PBM questions: _____

*Telephone: _____ *Email: _____

The answers supplied therein are true and correct to the best of my knowledge and belief, and I further state that I recognize the applicable insurance laws of the State of Oklahoma and the rules and regulations of the Oklahoma Insurance Commissioner governing Pharmacy Benefit Managers.

*Date: _____

*Digital Signature

*Title