



Office of the Attorney General
 Consumer Protection Division
 (501) 682-2341 • (800) 482-8982
 323 Center Street, Suite 200
 Little Rock, AR 72201-2610
 Consumer@ArkansasAG.gov

Consumer Complaint Against Pharmacy Benefits Manager

Please type or print with ink. *A copy of this complaint will be sent to the party complained against.*

 Your Name

 Company/Individual Complained Against

 Your Address

 Address

 City, State, Zip Code

 City, State, Zip Code

 Your County

 Telephone

 Telephone

 Your Email Address

 Email Address

When was prescription filled? _____

When was appeal submitted? _____

When was appeal response received? _____

Was appeal denied? _____

How much should you have been reimbursed? _____

PLEASE EXPLAIN THE CIRCUMSTANCES SURROUNDING YOUR COMPLAINT.

Please include the following documentation with your complaint submission:

- Invoice reflecting pharmacist's purchase of wholesale drug.
- Pharmacy receipt reflecting actual acquisition cost (AAC) and reimbursements, co-pays for this prescription.
- All appeal documentation exchanged with PBM.
- A copy of the pharmacist's contract with the PBM.

Please submit this complaint via fax to (501) 682-8118.

The information contained here is true and accurate to the best of my knowledge. I understand that the Arkansas Attorney General's office does not represent individuals in matters involving private disputes. I am filing this complaint to notify the Attorney General's office of the activities of this party and for any other assistance which may be rendered, including attempted resolution of my complaint or referral to another appropriate entity. I understand that a copy of what I submit to the Attorney General's Office will be provided to the party I am complaining against in an effort to resolve the complaint. I authorize the party against which I have filed a complaint to communicate with and provide information to the Arkansas Attorney General's Office. I also understand that my complaint may be referred to other agencies. I acknowledge that the Attorney General will keep a record of this complaint and that it may be deemed a public record subject to disclosure under the Arkansas Freedom of Information Act.

Date _____

 Signature of person filing complaint