



SUPERINTENDENT OF INSURANCE
John G. Franchini 505-827-4299

NEW MEXICO OFFICE OF
SUPERINTENDENT
OF INSURANCE

DEPUTY SUPERINTENDENT
Robert Doucette 505-827-5832

PHARMACY BENEFITS MANAGER COMPLAINT FORM

Pharmacy Name: _____

Mailing Address: _____

City & State, Zip: _____

Telephone: _____ Fax: _____ Email: _____

NCPDP: _____

Contact: _____

Contact Telephone: _____ Fax: _____ Email: _____

Pharmacy Benefits Manager (PBM) complaint is about: _____

PBM Mailing Address: _____

PBM Phone Number: _____ PBM Contact: _____

Type of Issue: Please describe in detail on additional sheets if needed & provide all supporting documentation.

License - See Section 59A-61-3, NMSA 1978: _____

Maximum Allowable Cost (MAC) - See Section 59A-61-4, NMSA 1978: _____

Contract - See Section 59A-61-5, NMSA 1978: _____

Audit - See Section 59A-61-6, NMSA 1978: _____

Transaction Fees - See Section 59A-61-7, NMSA 2017: _____

Main Phone: 505-827-4601
Main Fax: 505-827-4734
Toll Free: 1-855-4-ASK-OSI

Mailing Address:
ATTN. Andy Romero
P.O. Box 1689
Santa Fe, NM 87504-1689

Physical Address:
1120 Paseo de Peralta
Santa Fe, NM 87501