

OKLAHOMA INSURANCE DEPARTMENT

FIVE CORPORATE PLAZA
3625 NW 56TH, SUITE 100
OKLAHOMA CITY, OK 73112



REGULATED INDUSTRY SERVICES
PHONE: 405.521.2828 | OPT.7
WWW.OID.OK.GOV

GLEN MULREADY
INSURANCE COMMISSIONER

Oklahoma PBM Information Change Form

*Date: _____

Mail To: OKLAHOMA INSURANCE DEPARTMENT
ATTN: REGULATED INDUSTRY SERVICES
3625 NW 56TH ST STE 100
OKLAHOMA CITY OK 73112

Use this form to update contact information for the Pharmacy Benefits Manager (PBM). Any other changes for the PBM please contact (405) 521-2828, Option 7 for additional instructions. All fields marked with a * are required fields.

*Name of PBM: _____

DBA (if applicable): _____

*Physical Address: _____

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

*Mailing Address: _____

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

*Statutory Address: _____

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

*Business Telephone: _____ *Toll Free Number: _____

*Fax: _____ *FEIN: _____ *License No: _____

*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.

Digital Signature

Title