

Street Address:

City: _____ State: _____ ZIP Code: _____

WHO

Identify the primary person or entity who engaged in the alleged misconduct. If more than one person is involved, enter the additional identifying information in the space below.

First name: _____

Middle initial: _____

Last name: _____

Street address: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____

Company, organization, or other entity affiliation of the primary person who engaged in the alleged misconduct (if applicable):

Additional individuals involved in the alleged misconduct:



ACCREDITED
Pharmacy
Benefit
Management
Expires 12/01/2022

OTHER

Please provide any additional information concerning this misconduct, such as (1) a list or description of any documents or other evidence you or others may have that is relevant to the complaint; (2) the names and contact information for other witnesses who could provide additional information; and (3) any other information you believe may be relevant to the complaint.

YOUR INFORMATION

First name: _____

Middle initial: _____

Last name: _____

Street address: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____ Phone number: (____) _____

Remain confidential: YES NO



The information transmitted is intended only for the person or entity to which it is addressed and may contain lawyer/client and/or corporate, privileged confidential material. Any review, retransmission, dissemination, printing or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is strictly prohibited. Anyone who voluntarily and/or willingly alter, manipulates, use and/or make public these contents and/or attachments could face criminal charges and will be liable for civil damages. If you receive this in error, please immediately contact (reply) the sender by e-mail or by telephone at 787-522- 5252, then delete and destroy all copies (printed or e-mailed) of this communication and its attachments, thereof on hand and from your system.



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