



Instructions:

- Complete this form. Be as detailed as possible. Print very clearly and neatly in dark ink.
- Enclose or attach copies of all related documents concerning your transaction. Do not send originals!

Submitter Type (circle one): Individual / Entity

Name:

Email Address:

Phone Number(s):

Street address:

City, state zip:

Note: Your health insurance information will help us to perform an accurate analysis of the price spike you experienced.

Do you have health insurance (circle one)? Yes / No

Which company do you have your insurance with?

What is your insurance or participant ID number appearing on your insurance card?

The National Drug Code for a drug can be found on the product label and on the package insert. The NDC should be numeric with one hyphen. If you are unable to locate the NDC of the drug you want to report, you can look it up on the NDC website at www.fda.gov.

National Drug Code (NDC):

Drug Name:

What is the name of the entity that is charging a higher price for the drug?

Contact information for the entity:

Website of the entity:

Were you (or your company) personally charged or quoted this price for this drug (circle one)? Yes / No

If No, where did you learn of the price increase?

The Starting Price is the *original, lower* price for the drug you saw, were offered, or purchased *before* the spike in price. This must be a price within the 12-month period immediately preceding the price spike. You should use the lowest price you saw, were offered, or paid for the drug in the 12-month preceding the spike.

Starting Price: \$

Starting Price Date:

The Spike Price is the *new, higher* price you saw, were offered, or paid for the drug. A change in price qualifies as a spike if it has increased by 50% over the starting price, to a price over \$5.

Spike Price: \$

Spike Price Date:

Please provide as much detail as possible about what occurred or what you experienced, what you have learned and how you have learned it. Your answer should describe why the Department should investigate this price spike.

Description of Drug Spike:

READ THE FOLLOWING BEFORE SIGNING BELOW: In submitting this form, I understand that the Department of Financial Services is not my private attorney but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the institution or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I affirm that the contents of this complaint are true. (False statements made in this document are punishable as a class A misdemeanor pursuant to section 210.45 of the Penal Law.)

Name: _____ Signature: _____ Date: _____

ATTACH OR ENCLOSE COPIES OF ANY DOCUMENTS THAT RELATE TO YOUR COMPLAINT (CONTRACTS, BILLS, CANCELLED CHECKS, CORRESPONDENCE, ETC.) DO NOT SEND ORIGINALS.

Mail completed form to: New York State Department of Financial Services, Attention OPB, 1 Commerce Plaza, Albany, NY 12257