



### Pharmacy benefit manager reporting form

Under Texas Insurance Code Section 1369.502, the report is due by **March 1 of each year**.

More information about this report is located on the [pharmaceutical benefits reporting index page](#).

#### Company information

Company name: _____	Address: _____
NAIC number (if applicable): _____	City: _____
TDI number: _____	State: _____
Submission date: _____	ZIP: _____
Reporting Year: _____	

#### Contact information

Contact name: _____	Address: _____
Title: _____	City: _____
Phone number: _____	State: _____
Email address: _____	ZIP: _____
May TDI release this email address? _____	

This company is not a pharmacy benefit manager.

All pharmacy benefit managers fill in the information below.

#### Aggregate rebates, fees, price protection payments, and other payments

Amount passed to issuers:	_____
Amount passed to enrollees:	_____
Amount retained as revenue:	_____
Total amount collected from pharmaceutical drug manufacturers:	_____