



LEVIN PAPANTONIO RAFFERTY

Proctor | Buchanan | O'Brien
Barr | Mougey | P.A.

Insulin Questionnaire

Please complete this questionnaire to assist us in gathering information about your experiences regarding Insulin. *Return the completed form, via email, to Brandon Bogle (bbogle@levinlaw.com) and Ken Bartlett (bartlawoffices@aol.com).*

I. Basic Information

Entity Name: _____

Type of Entity (e.g.: Taft-Hartley plan, self-funded city/county, school district, etc.):

Primary Contact Name: _____

Primary Contact Phone Number: _____

Primary Contact Email Address: _____

II. General Information

Approximate number of insureds: _____

Self-Insured pharmacy benefit plan (choose one): _____ YES _____ NO

Name of current pharmacy benefit manager: _____

Length of contract with current pharmacy benefit manager: _____

Other pharmacy benefit managers in last 10 years: _____

Period of time under contract with other PBMs in last 10 years: _____

III. Level of Interest

Check one:

- 1) Interested, please send a LPR engagement letter
- 2) Interested, but would like a follow-up call with LPR attorney
- 3) Not interested at this time