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**PHARMACY SERVICES ADMINISTRATIVE ORGANIZATION  
 REGISTRATION APPLICATION**

This Application Form is required for Pharmacy Services Administrative Organization Registration pursuant to Title 15, Subtitle 20 of the Insurance Article, Annotated Code of Maryland.

**Section 1a - Application Information (check applicable items)**

Initial Registration Application  
 Renewal Registration Application

**Section 1b - Applicant (Business Entity) Information**

Applicant Name

DBA/Trade Name(s)	FEIN #	
Business Address		
Phone Number	Fax Number	Web Site

**Section 1c - Applicant Contact Information**

Name

Title	Phone Number	E-mail Address
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Mailing Address (if other than provided in Section 2)

**Section 2 - Applicant Background Information. Attach a full explanation and/or the requested information for any questions answered "Yes" as an Attachment to this Application. Failure to provide the required Attachments may result in the Application being returned unprocessed or considered deficient.**

Has the Applicant been refused a registration, license or certification to act as a pharmacy services administrative organization, or has had any registration, license or certification to act as such been denied, suspended, revoked or non-renewed for any disciplinary reason in any state?	o Yes	o No
Has the Applicant ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, illegal or dishonest activities in connection with pharmacy services administration?	o Yes	o No

<p>Has the Applicant had a business relationship with a pharmacy or pharmacist terminated for any alleged fraudulent, illegal or dishonest activities in connection with the administration of pharmacy benefits management services?</p>	<p><input type="radio"/> Yes</p>	<p><input type="radio"/> No</p>
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**Section 3 – Pharmacy Services Administrative Organization Operations. Failure to provide the required Attachments may result in the Application being returned unprocessed or considered deficient.**

<p>Is the Applicant owned or controlled by a Parent, Subsidiary or other organization that; provides pharmacy services, provides prescription drug or device service, or manufactures, sells or distributes prescription drug, biologics, or medical devices. Attach a full explanation if answered "Yes" as an Attachment to this Application.</p>	<p><input type="radio"/> Yes</p>	<p><input type="radio"/> No</p>
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<p>Does the Applicant maintain adequate books and record required under §15-2006, for three years after the pharmacy services administrative organization ceases to provide services</p>	<p><input type="radio"/> Yes</p>	<p><input type="radio"/> No</p>
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<p>Does the Applicant provide all the disclosures required under §§15-2013, 15-2014, and 15-2017 of the Insurance Article? Attach a full explanation if answered "No" as an Attachment to this Application.</p>	<p><input type="radio"/> Yes</p>	<p><input type="radio"/> No</p>
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**Section 4– Applicant Certification and/or Attestation**

**WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION MAY BE PROSECUTED UNDER APPLICABLE STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OR REVOCATION OF REGISTRATION.**

The information required herein is continuing in nature and, as the individual responsible for preparing this document, I agree to furnish an update on any information in this application.

As the authorized representative of the Applicant, I hereby certify under penalty of perjury, that:

All of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for revocation or denial of registration and may subject me to civil or criminal penalties. Applicant understands and will comply with the insurance laws and regulations of the State of Maryland to which application for registration is hereby made:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

## Section 5 – Applicant Registration Fee

**Initial Registration:**

Registrant shall pay a non-refundable fee to the State of Maryland in the amount of \$500. Registration expires on the second September 30 after its effective date, unless it is renewed. Before a registration expires, it may be renewed for an additional 2-year term.

**Renewal Registration:**

Registrant shall pay a non-refundable fee to the State of Maryland in the amount of \$500. An application for renewal of registration shall be considered made in a timely manner if it is postmarked or otherwise delivered on or before the registration expires.

All fees should be made payable to the **Maryland Insurance Administration** by check or money order.