



The Consumer Comment session at the Drug Utilization Review Board (DURB) meetings is open to Medicaid Fee-for-Service (FFS) members, advocates, speakers for organized coalitions or special interest groups speaking or submitting written comments on behalf of Medicaid FFS patients and healthcare providers. This forum is not open to drug manufacturers, their agents or representatives, or patients enrolled in a Medicaid Care Management Organization (CMO).

In the interest of open disclosure of financial and other personal interests, **all** speakers must turn in this form, completed and signed, to a DCH staff member or the DURB Chairperson before speaking. All persons submitting written comments must also complete this form, sign it, and send it in with any written comments. All persons representing organizations must disclose funding sources to those organizations from drug manufacturing companies in the sections below. Patients who obtain free or discounted prescriptions through a patient assistance program sponsored by a drug company do not need to disclose participation in that program.

Hello, my name is _____ and I am speaking for _____
(Myself or name of organization)

Check one of the following:

Neither I nor any immediate family member, nor an organization that I am representing today, has received money, grants, gifts, or other remuneration directly or indirectly from any company or person that manufactures, sells, distributes, or compounds drugs in the category that I will speak about. I am not being paid or otherwise compensated for speaking today.

- OR -

Either I, an immediate family member or the organization that I am representing today, has received money, grants, gifts or other remuneration directly or indirectly from a drug manufacturer or person that makes, sells, or distributes drugs in the category that I will speak about. Details about such payment, grant, gift, or other compensation, including employment, must be disclosed below (please complete 1, 2, 3 and 4 below).

1. What is/was the activity or service performed that justified the payment of the money or gift? (for example: presentation, board member activity, survey response, etc)

2. How many times in the past 5 years was money, grant, gifts, and/or remuneration received? _____

3. Complete the table below for each time money, grant, gift, or remuneration was received:

	What was received? (a gift, money, trip, etc.)	How much was it worth?	What was the name of the company providing it?	Was it given to you/ family member? (Yes/No)	Was it given to your organization? (Yes/No)
1.					
2.					
3.					
4.					
5.					
6.					
To list additional gifts, grants or remuneration received, please use the back of this page.					

4. Are you being paid to speak today (including as a function of your occupation or job description)? YES_____ NO_____

The information above is complete and accurate as well as I can remember.

Please print and sign your name below:

Print Name

Signature

Date