



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

In the interest of open disclosure of financial interests, **all** speakers must turn in this form, completed and signed, to 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. 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:

No immediate family member, organization that I belong to, nor myself has received money or gifts directly or indirectly from any drug manufacturing company or person that makes drugs in the category that I will speak about. I am not being paid for speaking today.

- OR -

I, an immediate family member, or an organization that I belong to, has received money or gifts directly or indirectly from a drug manufacturer or person that makes drugs in the category that I will speak about. Details about that money or gift are disclosed below.

1. What was done to get the money or gift? (for example: presentation, board member activity, survey response etc?),

2. How many times in the past was money or gifts received? _____

3. Complete the table below for each time money or a gift was received:

	What was received? (a gift, money, trip, etc.)	How much was the money or gift worth?	What was the name of the company that gave the money or gift?	Was the money or gift given to you or a family member? (Yes or No)	Was the money or gift given to your organization? (Yes or No)
1.					
2.					
3.					
4.					
5.					
6.					

To list additional gifts or money received please use the back of this page.

4. Are you being paid to speak today? 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