## Maine Bureau of Insurance Bulletin 377 Any Willing Pharmacy Reporting Form Network Administrators

E-mail your response as a PDF attachment to <a href="mailto:Barbra.L.Garboski@maine.gov">Barbra.L.Garboski@maine.gov</a>.

Company Name:	DST Pharmacy Solutions, Inc.
Chack here if you	ır company does NOT provide or administer network pharmacy benefits in
	if company does NOT provide of administer network pharmacy benefits in
Maine.	
A. Compliance Officer	r with Responsibility for Maine Pharmacy Operations:
Name:	Mark Cone
Title:	Vice President & Chief Compliance Officer
Mailing Address:	1055 Broadway, 4th Floor, Kansas City, MO 64105-2615
Direct Phone Number:	(816) 709-3012
Fax: Number	
Email Address:	mark.cone@sscinc.com
	y mail order pharmacies that participate in your network. (copy and paste table
as needed for additiona	
Name:	Walgreens Mail Service #03397
Mailing Address:	8350 S River Pkwy, Tempe, AZ 85284-2615
YAY 1	
Website:	thirdpartyops@walgreens.com
<b>N</b> Y	DIDDL ING
Name:	BIRDI, INC.
Mailing Address:	7835 Freedom Ave NW, North Canton, OH 44720
TAT-114	
Website:	ohlicensing@birdirx.com
Nama	Doctal Draggription Cowings
Name:	Postal Prescription Services 3500 SE 26th Ave, Portland, OR 97202
Mailing Address:	3300 SE 20" Ave, Pol dand, OK 97202
Website:	rxlicensing@kroger.com
Website.	TXIICETSITIE WITOGET.COM
Name:	Walmart Pharmacy 10-2625
Mailing Address:	1025 W Trinity Mills Rd, Carrollton, TX 75006-1375
Mailing Audi ess.	1025 W THIRLY PHILS NO, CATTOINUIL, IA / 5000-15/5

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Website:	ambulatorypharmacyservices@essentiahealth.org
Name:	Praxis Rx Pharmacy 1
Mailing Address:	5455 W Waters Ave STE 214, Tampa, FL 33634-1208
· ·	•
Website:	licensing@praxisrx.com
C: Pharmacy Contrac	ting Contact Information:
Name:	Lisa Versch
Title:	Director - Pharmacy Networks
Mailing Address:	1055 Broadway, 4th Floor, Kansas City, MO 64105
Direct Phone Number:	(816) 435-2228
Fax: Number	
Email Address:	lisa.versch@sscinc.com
D. Please identify any	pharmacy benefit administrators (PBMs) that administer pharmacy benefits
	acy network. (copy and paste table as needed for additional participant)
Name:	
Mailing Address:	
O	

Essentia Health Prescription Service Center 204 Belknap Street STE 300, Superior, WI 54880-2905

enrollm@wal-mart.com

Website:

Name:

Website:

Mailing Address: