

Maine Bureau of Insurance
Bulletin 377
Any Willing Pharmacy Reporting Form
Insurance Companies

E-mail your response as a PDF attachment to Barbra.L.Garboski@maine.gov.

Company Name:	<u>Fairview Pharmacy Services, LLC dba ClearScript</u>
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___ Check here if your company does **NOT** provide or administer network pharmacy benefits in Maine.

A. Compliance Officer with Responsibility for Maine Pharmacy Operations:

Name:	Alyssa Goree
Title:	Compliance Manager
Mailing Address:	711 Kasota Ave SE Minneapolis, MN 55414
Direct Phone Number:	612-672-6551
Fax: Number	n/a
Email Address:	dept-fps-licensing@fairview.org

B. Please identify any mail order pharmacies that participate in your network. (copy and paste table as needed for additional participant)

Name:	Fairview Specialty Services Pharmacy
Mailing Address:	711A Kasota Ave SE Minneapolis, MN 55414
Website:	www.fairview.org/pharmacy

C. Pharmacy Contracting Contact Information:

Name:	n/a
Title:	
Mailing Address:	
Direct Phone Number:	
Fax: Number	
Email Address:	

D. Please identify any pharmacy benefit administrators (PBMs) that administer pharmacy benefits through your pharmacy network. (copy and paste table as needed for additional participant)

Name:	MedImpact Healthcare Systems, Inc
Mailing Address:	10181 Scripps Gateway Court San Diego, CA 92131

Website:	www.medimpact.com