

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

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

Company Name:	<u>Independent Health's Pharmacy Benefit Dimensions, LLC</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:	Nicole Britton
Title:	VP-Chief Compliance Officer
Mailing Address:	511 Farber Lakes Drive Buffalo, New York 14221
Direct Phone Number:	(716) 635-4874
Fax: Number	
Email Address:	nicole.britton@independenthealth.com

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

Name:	Wegmans Pharmacy
Mailing Address:	P.O. Box 64472 Rochester, New York 14624
Website:	www.wegmans.com/pharmacy/

Name:	Proact Pharmacy
Mailing Address:	1226 US Highway 11 Gouverneur, New York 13642
Website:	https://secure.proactrx.com/

C: Pharmacy Contracting Contact Information:

Name:	Michael Bojarski
Title:	Pharmacy Network Analyst
Mailing Address:	511 Farber Lakes Drive Buffalo, New York 14221

Direct Phone Number:	(716) 631-3001 ext. 3056
Fax: Number	(716) 250-7163
Email Address:	michael.bojarski@pbdrx.com

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:	N/A
Mailing Address:	
Website:	