

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](mailto:Barbra.L.Garboski@maine.gov).

Company Name:	<u>Script Care, Ltd.</u>
---------------	--------------------------

\_\_\_ 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:	M. Danny Jean
Title:	Regulatory Compliance Director
Mailing Address:	6380 Folsom Drive
	Beaumont, TX 77706
Direct Phone Number:	281-528-1765 ext. 1348
Fax: Number	409-923-7376
Email Address:	<a href="mailto:djean@scriptcare.com">djean@scriptcare.com</a>

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

Name:	RPH Partners, LLC DBA Prescription Mart
Mailing Address:	4144 Dowlen Rd
	Beaumont, TX 77706
Website:	<a href="http://www.presmartinc.com">www.presmartinc.com</a>

**C: Pharmacy Contracting Contact Information:**

Name:	Frank Messina
Title:	General Counsel
Mailing Address:	6380 Folsom Drive
	Beaumont, TX 77706
Direct Phone Number:	409-923-7331
Fax: Number	409-923-7331
Email Address:	<a href="mailto:fmessina@scriptcare.com">fmessina@scriptcare.com</a>

**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:	
Mailing Address:	
Website:	