

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:	Southern Scripts, LLC d/b/a Liviniti, LLC
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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:	Colette Cray
Title:	VP of Legal and General Counsel
Mailing Address:	411 Bienville Street Natchitoches, LA 71457
Direct Phone Number:	(800) 710-9341
Fax: Number	
Email Address:	legal@liviniti.com

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

Name:	None
Mailing Address:	
Website:	

C: Pharmacy Contracting Contact Information:

Name:	Robert Carney
Title:	Director of Provider Network Operations
Mailing Address:	411 Bienville Street Natchitoches, LA 71457
Direct Phone Number:	(318) 562-1153
Fax: Number	(318) 771-7553
Email Address:	Robert.carney@liviniti.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:	None
Mailing Address:	
Website:	