

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:	UnitedHealthcare of New England
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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:	Scott E. Sebastian
Title:	Associate General Counsel/Director, Regulatory Affairs
Mailing Address:	UnitedHealthcare Employer and Individual 185 Asylum Street, CT039-1000 Hartford, CT 06103
Direct Phone Number:	860-702-5159
Fax: Number	
Email Address:	Scott_E_Sebastian@uhc.com

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

Name:	
Mailing Address:	
Website:	

C. Pharmacy Contracting Contact Information:

Name:	Pharmacy Network Contracting
Title:	
Mailing Address:	1 Optum Circle Eden Prairie, MN 55344
Direct Phone Number:	
Fax: Number	844-305-2623
Email Address:	Independent.contracting@optum.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:	
Mailing Address:	

Website:	