

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>Washington National Insurance Company</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:	Kathryn Yurkovich
Title:	Compliance Officer
Mailing Address:	Automated Benefit Services
	800 Tower Drive
	Troy MI,48098
Direct Phone Number:	512-635-6367
Fax: Number	
Email Address:	Kathryn.yurkovich@ascension.org

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

Name:	Express Scripts Mail Order
Mailing Address:	
Website:	

C. Pharmacy Contracting Contact Information:

Name:	Express Scripts
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:	
Mailing Address:	

Website:	