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:	Washington National Insurance Company
Charlelane if	was a normal and NOT and a decided and decided and a second a second and a second a
	r 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
riamig riaaress.	800 Tower Drive
	Troy MI,48098
	Troy Phytococ
Direct Phone Number:	512-635-6367
Fax: Number	012 000 0007
Email Address:	Kathryn.yurkovich@ascension.org
Zilian Haar essi	Tiddiny in yur no vieric decementation
R Please identify any	mail order pharmacies that participate in your network. (copy and paste table
as needed for additional	
Name:	Express Scrips Mail Order
Mailing Address:	Express serips Mail Order
Maning Addiess.	
Website:	+
website:	
C· Pharmacy Contract	ing Contact Information:
Name:	Express Scripts
Title:	
Mailing Address:	
Framing Flaciness.	
Direct Phone Number:	
Fax: Number	
Email Address:	
Eman Address.	
D Please identify any	pharmacy benefit administrators (PBMs) that administer pharmacy benefits
	cy network. (copy and paste table as needed for additional participant)
Name:	Ly network (copy and passe table as needed for additional participant)
Mailing Address:	
mailing Audi ess.	

Website:	