

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:	<u>WellDyneRx, LLC</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:	Phillip P. Bisesi
Title:	Senior Vice President and Secretary (Added Senior)
Mailing Address:	500 Eagles Landing Drive
	Lakeland, FL 33810
Direct Phone Number:	888.479.2000
Fax: Number	863.686.4710
Email Address:	administration@welldynrx.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:	
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:	