

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KAUP PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ADAMS**

ADDRESS: **104 W MAIN STREET**

CITY: **BERNE**

STATE: **IN**

ZIP CODE: **46711-0000**

PHONE: **260-589-3330**

FAX: **260-589-3331**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ADAMS COMMUNITY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ADAMS**

ADDRESS: **1401 N 13TH STREET SUITE 100**

CITY: **DECATUR**

STATE: **IN**

ZIP CODE: **46733-0000**

PHONE: **260-724-3271**

FAX: **260-724-3239**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-407**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ADAMS**

ADDRESS: **929S 13TH ST**

CITY: **DECATUR**

STATE: **IN**

ZIP CODE: **46733-1805**

PHONE: **260-724-9187**

FAX: **260-724-3852**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1647**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ADAMS**

ADDRESS: **1700 S 13TH ST**

CITY: **DECATUR**

STATE: **IN**

ZIP CODE: **46733-2190**

PHONE: **260-724-8800**

FAX: **260-724-7837**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**NEIGHBORHOOD HEALTH PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **1721 S CALHOUN ST**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46802-5257**

PHONE: **260-458-2571**

FAX: **833-702-1163**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3722**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **110 E CREIGHTON AVE**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46803-3344**

PHONE: **260-456-1841**

FAX: **260-456-1538**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #125**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **5909 ILLINOIS ROAD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46804-0000**

PHONE: **260-434-3910**

FAX: **260-434-3965**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1804**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **1710 APPLE GLEN BLVD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46804-1725**

PHONE: **260-432-9330**

FAX: **260-432-8620**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6673**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **6202 W JEFFERSON BLVD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46804-3073**

PHONE: **260-432-5120**

FAX: **260-436-8836**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #15148**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **7950 W JEFFERSON BLVD STE 1B005**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46804-4140**

PHONE: **260-432-3110**

FAX: **260-432-2999**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-990**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **5725 COVENTRY LN**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46804-4747**

PHONE: **260-432-2475**

FAX: **260-432-2494**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5510**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **9030 US HIGHWAY 24 W**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46804-4752**

PHONE: **260-432-7413**

FAX: **260-459-2938**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #405**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **4120 N CLINTON ST**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46805-0000**

PHONE: **260-483-3185**

FAX: **260-969-5929**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5452**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **2410 N COLISEUM BLVD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46805-3110**

PHONE: **260-483-5612**

FAX: **260-471-6941**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-929**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **218 EAST PETTIT AVE**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46806-0000**

PHONE: **260-456-4736**

FAX: **260-744-5053**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6868**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **330 W STATE BLVD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46808-3135**

PHONE: **260-482-5428**

FAX: **260-484-6355**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4190**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **6730 BLUFFTON RD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46809-2649**

PHONE: **260-747-7563**

FAX: **260-747-1909**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5344**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **10211 CHESTNUT PLAZA DR**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46814-8970**

PHONE: **260-625-4831**

FAX: **260-625-5061**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3129**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **6201 STELLHORN RD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46815-5349**

PHONE: **260-485-0755**

FAX: **260-486-7531**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-4231**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **7502 SOUTHTOWN CROSSING BLVD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46816-2515**

PHONE: **260-441-7083**

FAX: **260-441-7085**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #124**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **6309 LIMA ROAD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46818-0000**

PHONE: **260-497-1010**

FAX: **260-497-1065**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-4230**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **10105 LIMA ROAD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46818-8657**

PHONE: **260-490-6522**

FAX: **260-490-6524**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11945**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **11932 LIMA RD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46818-8658**

PHONE: **260-637-6667**

FAX: **260-637-6822**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-972**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **601 EAST DUPONT RD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46825-0000**

PHONE: **260-637-6115**

FAX: **260-637-6817**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**MEIJER PHARMACY #314**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **ALLEN**

ADDRESS: **4242 E DUPONT ROAD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46825-0013**

PHONE: **260-279-2544**

FAX: **260-279-2545**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9793**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **5435 E DUPONT RD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46825-1746**

PHONE: **260-482-1653**

FAX: **260-484-3106**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1419**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **5311 COLDWATER RD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46825-5444**

PHONE: **260-484-4528**

FAX: **260-483-7215**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5940**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **5830 N CLINTON ST**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46825-5734**

PHONE: **260-483-2191**

FAX: **260-471-8574**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J973**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **6002 ST JOE CENTER ROAD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46835-0000**

PHONE: **260-492-2054**

FAX: **260-492-0037**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #138**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **10301 SR 37 MAYSVILLE RD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46835-0000**

PHONE: **260-492-1310**

FAX: **260-492-1365**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-5025**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **10420 MAYSVILLE RD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46835-9762**

PHONE: **260-492-5799**

FAX: **260-492-5827**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5115**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **10412 COLDWATER RD**

CITY: **FORT WAYNE**

STATE: **IN**

ZIP CODE: **46845-1233**

PHONE: **260-637-0848**

FAX: **260-637-2728**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #412**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **1125 W STATE BLVD**

CITY: **FT WAYNE**

STATE: **IN**

ZIP CODE: **46808-0000**

PHONE: **260-426-4487**

FAX: **260-424-3079**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**COSTCO PHARMACY #1161**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **5110 VALUE DR**

CITY: **FT WAYNE**

STATE: **IN**

ZIP CODE: **46808-4048**

PHONE: **260-481-1110**

FAX: **260-481-1101**

WEBSITE: **www.costco.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-410**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **7008 BLUFFTON RD**

CITY: **FT WAYNE**

STATE: **IN**

ZIP CODE: **46809-0000**

PHONE: **260-747-4136**

FAX: **260-747-4137**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY 424**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **10230 CHESTNUT PLAZA DR**

CITY: **FT WAYNE**

STATE: **IN**

ZIP CODE: **46814-0000**

PHONE: **260-625-5949**

FAX: **260-625-5627**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #425**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **6310 E STATE BLVD**

CITY: **FT WAYNE**

STATE: **IN**

ZIP CODE: **46815-0000**

PHONE: **260-493-1531**

FAX: **260-493-0987**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAMS PHARMACY 10-6313**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **6736 LIMA ROAD**

CITY: **FT WAYNE**

STATE: **IN**

ZIP CODE: **46818-1118**

PHONE: **260-490-0638**

FAX: **260-490-0640**

WEBSITE: **www.samsclub.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9853**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **10170 MAYSVILLE RD**

CITY: **FT WAYNE**

STATE: **IN**

ZIP CODE: **46835-9589**

PHONE: **260-486-7295**

FAX: **260-486-9395**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEDICAL PARK 11 PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **11104 PARKVIEW CIRCLE DR**

CITY: **FT WAYNE**

STATE: **IN**

ZIP CODE: **46845-1704**

PHONE: **260-266-4545**

FAX: **260-266-4549**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-857**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **821 LINCOLN HIGHWAY WEST**

CITY: **NEW HAVEN**

STATE: **IN**

ZIP CODE: **46774-0000**

PHONE: **260-749-0215**

FAX: **219-749-1166**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3502**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEN**

ADDRESS: **907 LINCOLN HWY W**

CITY: **NEW HAVEN**

STATE: **IN**

ZIP CODE: **46774-2141**

PHONE: **260-493-3736**

FAX: **260-749-7947**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**MEDICINE CHEST**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **ALLEN**

ADDRESS: **2803 E STATE BLVD**

CITY: **FT WAYNE**

STATE: **IN**

ZIP CODE: **46805-0000**

PHONE: **260-483-3169**

FAX: **260-483-3160**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMPOUNDING PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #710**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BARTHOLOMEW**

ADDRESS: **3060 N NATIONAL RD**

CITY: **COLUMBUS**

STATE: **IN**

ZIP CODE: **47201-0000**

PHONE: **812-376-9566**

FAX: **812-378-8628**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-4216**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BARTHOLOMEW**

ADDRESS: **2025 MERCHANT MILE**

CITY: **COLUMBUS**

STATE: **IN**

ZIP CODE: **47201-1572**

PHONE: **812-376-9385**

FAX: **812-376-9417**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAMS PHARMACY 10-4926**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BARTHOLOMEW**

ADDRESS: **2715 MERCHANT MILE**

CITY: **COLUMBUS**

STATE: **IN**

ZIP CODE: **47201-1573**

PHONE: **812-373-9273**

FAX: **812-373-9280**

WEBSITE: **www.samsclub.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1371**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BARTHOLOMEW**

ADDRESS: **735 WHITFIELD DRIVE**

CITY: **COLUMBUS**

STATE: **IN**

ZIP CODE: **47201-2611**

PHONE: **812-372-4220**

FAX: **812-372-5580**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10857**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BARTHOLOMEW**

ADDRESS: **2140 W JONATHAN MOORE PIKE**

CITY: **COLUMBUS**

STATE: **IN**

ZIP CODE: **47201-9455**

PHONE: **812-378-0804**

FAX: **812-378-2078**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3524**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BARTHOLOMEW**

ADDRESS: **2400 BEAM ROAD**

CITY: **COLUMBUS**

STATE: **IN**

ZIP CODE: **47203-3405**

PHONE: **812-378-4701**

FAX: **812-376-9582**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**GLOTZBACH PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BENTON**

ADDRESS: **500 S GRANT AVE**

CITY: **FOWLER**

STATE: **IN**

ZIP CODE: **47944-0000**

PHONE: **765-884-1520**

FAX: **765-884-8329**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**IU HEALTH BLACKFORD PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BLACKFORD**

ADDRESS: **400 PILGRIM BLVD**

CITY: **HARTFORD CITY**

STATE: **IN**

ZIP CODE: **47348-0000**

PHONE: **765-348-4989**

FAX: **765-348-8349**

WEBSITE: **[www.iuhealth.org](http://www.iuhealth.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**COWAN DRUGS**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BOONE**

ADDRESS: **112 N LEBANON ST**

CITY: **LEBANON**

STATE: **IN**

ZIP CODE: **46052-0000**

PHONE: **765-482-0180**

FAX: **765-482-1860**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER SAV-ON PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BOONE**

ADDRESS: **2420 N LEBANON ST**

CITY: **LEBANON**

STATE: **IN**

ZIP CODE: **46052-0000**

PHONE: **765-482-7095**

FAX: **765-482-7021**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PARKSIDE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BOONE**

ADDRESS: **1639 N LEBANON STREET**

CITY: **LEBANON**

STATE: **IN**

ZIP CODE: **46052-0000**

PHONE: **765-482-1600**

FAX: **765-482-4561**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1275**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BOONE**

ADDRESS: **2440 NORTH LEBANON STREET**

CITY: **LEBANON**

STATE: **IN**

ZIP CODE: **46052-1100**

PHONE: **765-482-6149**

FAX: **765-482-6246**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #1444**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BOONE**

ADDRESS: **1130 N LEBANON ST**

CITY: **LEBANON**

STATE: **IN**

ZIP CODE: **46052-1759**

PHONE: **765-482-3240**

FAX: **765-482-3351**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PAVILION POINTE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BOONE**

ADDRESS: **2705 N LEBANON ST STE 100**

CITY: **LEBANON**

STATE: **IN**

ZIP CODE: **46052-8621**

PHONE: **765-483-3900**

FAX: **765-483-3909**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #333**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BOONE**

ADDRESS: **5 BOONE VLG**

CITY: **ZIONSVILLE**

STATE: **IN**

ZIP CODE: **46077-1231**

PHONE: **317-873-8194**

FAX: **317-873-5214**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**WALGREENS #15181**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **BOONE**

ADDRESS: **200 S FORD RD**

CITY: **ZIONSVILLE**

STATE: **IN**

ZIP CODE: **46077-1864**

PHONE: **317-733-8732**

FAX: **317-733-9280**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #152**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BOONE**

ADDRESS: **6650 WHITESTOWN PKWY**

CITY: **ZIONSVILLE**

STATE: **IN**

ZIP CODE: **46077-7622**

PHONE: **317-732-9210**

FAX: **317-732-9265**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #332**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BOONE**

ADDRESS: **10679 N MICHIGAN RD**

CITY: **ZIONSVILLE**

STATE: **IN**

ZIP CODE: **46077-9261**

PHONE: **317-733-2566**

FAX: **513-762-1019**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2318**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CASS**

ADDRESS: **3420 E MARKET ST**

CITY: **LOGANSPOUT**

STATE: **IN**

ZIP CODE: **46947-0000**

PHONE: **574-753-2518**

FAX: **866-528-5775**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**COMMUNITY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CASS**

ADDRESS: **1201 MICHIGAN AVE STE 100**

CITY: **LOGANSPOUT**

STATE: **IN**

ZIP CODE: **46947-1528**

PHONE: **574-732-0418**

FAX: **574-753-8549**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3148**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CASS**

ADDRESS: **2301 E MARKET ST**

CITY: **LOGANSPOUT**

STATE: **IN**

ZIP CODE: **46947-2037**

PHONE: **574-735-3815**

FAX: **574-739-0824**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1329**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CASS**

ADDRESS: **240 MALL RD**

CITY: **LOGANSPOUT**

STATE: **IN**

ZIP CODE: **46947-2285**

PHONE: **574-735-0131**

FAX: **574-732-1018**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #17942**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLARK**

ADDRESS: **9616 HIGHWAY 403**

CITY: **CHARLESTOWN**

STATE: **IN**

ZIP CODE: **47111-8902**

PHONE: **812-256-6368**

FAX: **812-256-7840**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**JAY C PLUS #57**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLARK**

ADDRESS: **9501 COUNTY ROAD 403**

CITY: **CHARLESTOWN**

STATE: **IN**

ZIP CODE: **47111-8939**

PHONE: **812-256-2943**

FAX: **812-256-2997**

WEBSITE: **www.jaycfoods.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3223**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLARK**

ADDRESS: **220 E LEWIS AND CLARK PKWY**

CITY: **CLARKSVILLE**

STATE: **IN**

ZIP CODE: **47129-1724**

PHONE: **812-944-4466**

FAX: **812-941-9749**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY L762**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLARK**

ADDRESS: **305 E LEWIS AND CLARK PKWY**

CITY: **CLARKSVILLE**

STATE: **IN**

ZIP CODE: **47129-1758**

PHONE: **812-948-8065**

FAX: **812-948-8090**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAMS PHARMACY 10-4851**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLARK**

ADDRESS: **1301 VETERANS PARKWAY**

CITY: **CLARKSVILLE**

STATE: **IN**

ZIP CODE: **47129-7747**

PHONE: **812-218-0447**

FAX: **812-218-0464**

WEBSITE: **www.samsclub.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1476**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLARK**

ADDRESS: **1351 VETERANS PARKWAY**

CITY: **CLARKSVILLE**

STATE: **IN**

ZIP CODE: **47129-7747**

PHONE: **812-284-0541**

FAX: **812-284-0543**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #776**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLARK**

ADDRESS: **1027 JEFFERSONVILLE COMMONS DR**

CITY: **JEFFERSONVILLE**

STATE: **IN**

ZIP CODE: **47130-0000**

PHONE: **812-288-9245**

FAX: **812-284-4278**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #167**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLARK**

ADDRESS: **2750 ALLISON LANE**

CITY: **JEFFERSONVILLE**

STATE: **IN**

ZIP CODE: **47130-0000**

PHONE: **812-218-6610**

FAX: **812-218-6665**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3488**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLARK**

ADDRESS: **934 SPRING ST STE 940**

CITY: **JEFFERSONVILLE**

STATE: **IN**

ZIP CODE: **47130-3639**

PHONE: **812-283-1389**

FAX: **812-285-0288**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**HANGER PHARMACY & WELLNESS**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLARK**

ADDRESS: **207 SPARKS AVE SUITE 1**

CITY: **JEFFERSONVILLE**

STATE: **IN**

ZIP CODE: **47130-3739**

PHONE: **812-283-3591**

FAX: **812-284-5209**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6100**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLARK**

ADDRESS: **2811 HOLMANS LANE**

CITY: **JEFFERSONVILLE**

STATE: **IN**

ZIP CODE: **47130-5915**

PHONE: **812-288-9287**

FAX: **812-285-0237**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #17454**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLARK**

ADDRESS: **7505 STATE ROUTE 311**

CITY: **SELLERSBURG**

STATE: **IN**

ZIP CODE: **47172-1815**

PHONE: **812-246-5405**

FAX: **812-246-0383**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-248**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLAY**

ADDRESS: **100 FOREST PARK PLAZA**

CITY: **BRAZIL**

STATE: **IN**

ZIP CODE: **47834-0000**

PHONE: **812-442-6700**

FAX: **812-442-6606**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**LYNNS PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLAY**

ADDRESS: **22 WEST NATIONAL AVE**

CITY: **BRAZIL**

STATE: **IN**

ZIP CODE: **47834-0000**

PHONE: **812-446-2381**

FAX: **812-448-1855**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1629**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLAY**

ADDRESS: **2150 EAST NATIONAL AVENUE**

CITY: **BRAZIL**

STATE: **IN**

ZIP CODE: **47834-2831**

PHONE: **812-443-0466**

FAX: **812-443-0568**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**CLAY CITY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, GUJARATI, HINDI**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLAY**

ADDRESS: **730 MAIN ST**

CITY: **CLAY CITY**

STATE: **IN**

ZIP CODE: **47841-1332**

PHONE: **812-939-2173**

FAX: **812-939-2508**

WEBSITE: **N/A**

HANDICAP ACCESS: **NO**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**HOLDEN PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLINTON**

ADDRESS: **359 W WALNUT ST STE A**

CITY: **FRANKFORT**

STATE: **IN**

ZIP CODE: **46041-2368**

PHONE: **765-654-4300**

FAX: **765-659-3238**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-0854**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLINTON**

ADDRESS: **2460 EAST WABASH ST**

CITY: **FRANKFORT**

STATE: **IN**

ZIP CODE: **46041-9429**

PHONE: **765-654-4056**

FAX: **765-654-4032**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ODON PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DAVISS**

ADDRESS: **200 W MAIN STREET**

CITY: **ODON**

STATE: **IN**

ZIP CODE: **47562-0000**

PHONE: **812-636-4600**

FAX: **812-636-8004**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WILLIAMS BROS HEALTH CARE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DAVISS**

ADDRESS: **10 WILLIAMS BROS DR**

CITY: **WASHINGTON**

STATE: **IN**

ZIP CODE: **47501-0000**

PHONE: **812-254-2497**

FAX: **812-257-2507**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1162**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DAVISS**

ADDRESS: **1801 S STATE ROAD 57**

CITY: **WASHINGTON**

STATE: **IN**

ZIP CODE: **47501-4326**

PHONE: **812-254-6195**

FAX: **812-254-1479**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1160**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DEARBORN**

ADDRESS: **100 SYCAMORE ESTATES DR**

CITY: **AURORA**

STATE: **IN**

ZIP CODE: **47001-1488**

PHONE: **812-926-3034**

FAX: **812-926-0799**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9751**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DEARBORN**

ADDRESS: **512 GREEN BLVD**

CITY: **AURORA**

STATE: **IN**

ZIP CODE: **47001-1502**

PHONE: **812-926-3424**

FAX: **812-926-3451**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9359**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DEARBORN**

ADDRESS: **432 CRAIG AVE**

CITY: **GREENDALE**

STATE: **IN**

ZIP CODE: **47025-7529**

PHONE: **812-537-0855**

FAX: **812-537-5641**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**GEORGE'S FAMILY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DEARBORN**

ADDRESS: **24128 STATE LINE RD**

CITY: **LAWRENCEBURG**

STATE: **IN**

ZIP CODE: **47025-0000**

PHONE: **812-637-6251**

FAX: **812-637-6386**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY 014361**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DEARBORN**

ADDRESS: **880 W EADS PKWY WEST**

CITY: **LAWRENCEBURG**

STATE: **IN**

ZIP CODE: **47025-0000**

PHONE: **812-532-7360**

FAX: **812-532-7361**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**DECATUR COUNTY MEMORIAL HOSPITAL RETAIL  
PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DECATUR**

ADDRESS: **720 N LINCOLN ST**

CITY: **GREENSBURG**

STATE: **IN**

ZIP CODE: **47240-1327**

PHONE: **812-663-1250**

FAX: **812-663-1190**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1180**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DECATUR**

ADDRESS: **790 GREENSBURG COMMONS SHOPPING CTR**

CITY: **GREENSBURG**

STATE: **IN**

ZIP CODE: **47240-9469**

PHONE: **812-663-3338**

FAX: **812-662-8619**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 991**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE:

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DEKALB**

ADDRESS: **1001 W 7TH STREET**

CITY: **AUBURN**

STATE: **IN**

ZIP CODE: **46706-0000**

PHONE: **260-920-2170**

FAX: **260-920-2172**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1570**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DEKALB**

ADDRESS: **505 TOURING DRIVE**

CITY: **AUBURN**

STATE: **IN**

ZIP CODE: **46706-2054**

PHONE: **260-925-8083**

FAX: **260-925-8085**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PARKVIEW PHARMACARE AUBURN**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DEKALB**

ADDRESS: **1314 E 7TH ST STE 104**

CITY: **AUBURN**

STATE: **IN**

ZIP CODE: **46706-2523**

PHONE: **260-925-8000**

FAX: **260-925-9500**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PARKVIEW PHARMACARE GARRETT**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DEKALB**

ADDRESS: **1350 S RANDOLPH ST**

CITY: **GARRETT**

STATE: **IN**

ZIP CODE: **46738-1971**

PHONE: **260-553-9200**

FAX: **260-553-9201**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6420**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **400 E MEMORIAL DR**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47302-4072**

PHONE: **765-284-3933**

FAX: **765-284-4086**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-3747**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **1501 EAST 29TH STREET**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47302-5890**

PHONE: **765-282-0578**

FAX: **765-282-0696**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

IU HEALTH PAVILION COMMUNITY PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **2401 WEST UNIVERSITY AVE OMP 1635**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47303-0000**

PHONE: **765-747-8461**

FAX: **765-747-8472**

WEBSITE: **[www.iuhealth.org](http://www.iuhealth.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5802**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **100 E MCGALLIARD RD**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47303-1166**

PHONE: **765-288-6171**

FAX: **765-288-7308**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5803**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **2720 W JACKSON ST**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47303-4635**

PHONE: **765-287-8533**

FAX: **765-287-8543**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ACCESS TO CARE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **3631 N MORRISON RD SUITE 100**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47304-0000**

PHONE: **765-213-2866**

FAX: **765-282-7955**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #139**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **6260 W MCGALLIARD RD SR332**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47304-0000**

PHONE: **765-281-7810**

FAX: **765-281-7865**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PAYLESS PHARMACY #336**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **1500 W MCGALLIARD RD**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47304-2203**

PHONE: **765-741-1494**

FAX: **765-741-1496**

WEBSITE: **www.pay-less.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MERIDIAN HEALTH RX**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **205 N TILLOTSON AVE STE A**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47304-3900**

PHONE: **765-215-2029**

FAX: **765-876-2707**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

IU HEALTH PHARMACY JACKSON

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **2901 W JACKSON ST STE B**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47304-4307**

PHONE: **765-747-3090**

FAX: **317-222-2303**

WEBSITE: **[www.iuhealth.org](http://www.iuhealth.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PAYLESS PHARMACY #338**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **715 S TILLOTSON AVE**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47304-4526**

PHONE: **765-213-1220**

FAX: **765-213-1225**

WEBSITE: **www.pay-less.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10533**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **3250 N MORRISON RD**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47304-5540**

PHONE: **765-287-8330**

FAX: **765-287-8463**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1665**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **4801 W CLARA LANE**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47304-5548**

PHONE: **765-284-3750**

FAX: **765-284-8055**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

IU HEALTH FAMILY PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **5501 W BETHEL AVE**

CITY: **MUNCIE**

STATE: **IN**

ZIP CODE: **47304-8513**

PHONE: **765-751-7900**

FAX: **765-747-2996**

WEBSITE: **[www.iuhealth.org](http://www.iuhealth.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

IU HEALTH YORKTOWN PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DELAWARE**

ADDRESS: **1420 S PILGRIM BLVD**

CITY: **YORKTOWN**

STATE: **IN**

ZIP CODE: **47396-0000**

PHONE: **765-759-4064**

FAX: **765-759-4073**

WEBSITE: **[www.iuhealth.org](http://www.iuhealth.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SHELDON'S EXPRESS PHARMACY, LLC**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DUBOIS**

ADDRESS: **1810 N MAIN ST**

CITY: **HUNTINGBURG**

STATE: **IN**

ZIP CODE: **47542-9701**

PHONE: **812-683-4658**

FAX: **812-683-2972**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SHELDON'S EXPRESS PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DUBOIS**

ADDRESS: **750 W. SECOND ST**

CITY: **JASPER**

STATE: **IN**

ZIP CODE: **47546-0000**

PHONE: **812-634-7379**

FAX: **812-482-3216**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-0870**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DUBOIS**

ADDRESS: **4040 N NEWTON STREET**

CITY: **JASPER**

STATE: **IN**

ZIP CODE: **47546-2575**

PHONE: **812-634-1777**

FAX: **812-634-1788**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10340**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DUBOIS**

ADDRESS: **3606 N NEWTON ST**

CITY: **JASPER**

STATE: **IN**

ZIP CODE: **47546-9601**

PHONE: **812-481-1513**

FAX: **812-481-1593**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**BRISTOL PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, GUJARATI**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **300 E ELKHART**

CITY: **BRISTOL**

STATE: **IN**

ZIP CODE: **46507-0000**

PHONE: **574-848-0660**

FAX: **574-848-0663**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-915**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **901 JOHNSON ST**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46514-0000**

PHONE: **574-264-5996**

FAX: **574-262-2436**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2315**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **120 SANFORD SCHOOL RD**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46514-0000**

PHONE: **574-970-6470**

FAX: **866-468-8491**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2317**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **3900 E BRISTOL ST**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46514-0000**

PHONE: **574-970-0004**

FAX: **866-420-2237**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #328**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **2500 CASSOPOLIS STREET**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46514-0000**

PHONE: **574-359-7850**

FAX: **574-359-7865**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #12264**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **200 S NAPPANEE ST**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46514-1952**

PHONE: **574-293-2063**

FAX: **574-522-2483**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ELKHART GENERAL OUTPATIENT PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **600 E BOULEVARD**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46514-2483**

PHONE: **574-523-3101**

FAX: **574-523-7802**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10124**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **1400 CASSOPOLIS ST**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46514-3246**

PHONE: **574-262-2756**

FAX: **574-264-4159**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2679**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **175 COUNTY ROAD 6 W**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46514-5557**

PHONE: **574-266-7459**

FAX: **574-266-9389**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11795**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **3551 CASSPOLIS ST**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46514-6743**

PHONE: **574-206-0285**

FAX: **574-266-5819**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-4399**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **30830 OLD US 20**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46514-9481**

PHONE: **574-674-5730**

FAX: **574-674-6088**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SEIFERT DRUG**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **230 S MAIN ST**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46516-3120**

PHONE: **574-295-4333**

FAX: **574-522-6265**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

HEART CITY HEALTH CENTER PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **236 SIMPSON AVE**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46516-4671**

PHONE: **574-970-1441**

FAX: **574-970-1449**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-886**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **130 W HIVELY AVE**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46517-0000**

PHONE: **574-294-6092**

FAX: **574-294-6102**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2306**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **3800 MISHAWAKA RD E**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46517-0000**

PHONE: **574-875-9423**

FAX: **866-457-5635**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11623**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **102 E HIVELY AVE**

CITY: **ELKHART**

STATE: **IN**

ZIP CODE: **46517-2194**

PHONE: **574-522-2197**

FAX: **574-522-9352**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-879**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **209 CHICAGO AVE**

CITY: **GOSHEN**

STATE: **IN**

ZIP CODE: **46526-0000**

PHONE: **574-534-9223**

FAX: **574-533-0804**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #127**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **4522 ELKHART RD**

CITY: **GOSHEN**

STATE: **IN**

ZIP CODE: **46526-0000**

PHONE: **574-875-3010**

FAX: **574-875-3065**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**NEPHEW PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **2824 ELKHART RD**

CITY: **GOSHEN**

STATE: **IN**

ZIP CODE: **46526-1014**

PHONE: **574-537-1111**

FAX: **574-537-1130**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3232**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **429 WEST PIKE ST**

CITY: **GOSHEN**

STATE: **IN**

ZIP CODE: **46526-2362**

PHONE: **574-534-7616**

FAX: **574-534-6562**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**GOSHEN CANCER CENTER OUTPATIENT PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **200 HIGH PARK AVE**

CITY: **GOSHEN**

STATE: **IN**

ZIP CODE: **46526-4810**

PHONE: **574-364-2803**

FAX: **574-364-2804**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1566**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **4024 ELKHARD ROAD**

CITY: **GOSHEN**

STATE: **IN**

ZIP CODE: **46526-5801**

PHONE: **574-875-6921**

FAX: **574-875-5287**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1378**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **2304 LINCOLNWAY EAST**

CITY: **GOSHEN**

STATE: **IN**

ZIP CODE: **46526-6421**

PHONE: **574-534-4483**

FAX: **574-534-4963**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11453**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **1755 LINCOLN WAY E**

CITY: **GOSHEN**

STATE: **IN**

ZIP CODE: **46526-6425**

PHONE: **574-533-4932**

FAX: **574-534-4305**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2324**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **1527 BASHOR RD**

CITY: **GOSHEN**

STATE: **IN**

ZIP CODE: **46528-0000**

PHONE: **574-533-5600**

FAX: **866-409-6494**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2320**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **242 N. OAKLAND AVE.**

CITY: **NAPPANEE**

STATE: **IN**

ZIP CODE: **46550-0000**

PHONE: **574-773-7873**

FAX: **866-529-3088**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**NEPHEW PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **1953 WATERFALL DR**

CITY: **NAPPANEE**

STATE: **IN**

ZIP CODE: **46550-8961**

PHONE: **574-773-2404**

FAX: **574-773-2401**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

SEIFERT DRUG #2

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ELKHART**

ADDRESS: **100 N ELKHART ST**

CITY: **WAKARUSA**

STATE: **IN**

ZIP CODE: **46573-0000**

PHONE: **574-862-1454**

FAX: **574-862-4923**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #014827**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FAYETTE**

ADDRESS: **516W 30TH ST**

CITY: **CONNERSVILLE**

STATE: **IN**

ZIP CODE: **47331-2502**

PHONE: **765-825-5222**

FAX: **765-825-5560**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

GEORGE'S FAMILY PHARMACY, INC.

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FAYETTE**

ADDRESS: **330 E 5TH ST**

CITY: **CONNERSVILLE**

STATE: **IN**

ZIP CODE: **47331-2604**

PHONE: **765-825-6251**

FAX: **765-825-6386**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1729**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FAYETTE**

ADDRESS: **4200 WESTERN AVE**

CITY: **CONNERSVILLE**

STATE: **IN**

ZIP CODE: **47331-3493**

PHONE: **765-825-7664**

FAX: **765-825-7868**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9710**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **200 LAFOLLETTE STATION**

CITY: **FLOYDS KNOBS**

STATE: **IN**

ZIP CODE: **47119-0000**

PHONE: **812-923-0412**

FAX: **812-923-0622**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

JAY C FOOD STORES PHARMACY #81

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **815 HIGHLANDER POINT DR**

CITY: **FLOYDS KNOBS**

STATE: **IN**

ZIP CODE: **47119-9470**

PHONE: **812-923-9013**

FAX: **812-923-2575**

WEBSITE: **www.jaycfoods.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MATHES PHARMACY STORE 2 INC**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **1044 N LUTHER RD**

CITY: **GEORGETOWN**

STATE: **IN**

ZIP CODE: **47122-9122**

PHONE: **812-923-8845**

FAX: **812-923-9969**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY L-396**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **200 NEW ALBANY PLAZA**

CITY: **NEW ALBANY**

STATE: **IN**

ZIP CODE: **47150-0000**

PHONE: **812-948-2701**

FAX: **812-949-2075**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #220**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **4222 CHARLESTOWN RD**

CITY: **NEW ALBANY**

STATE: **IN**

ZIP CODE: **47150-0000**

PHONE: **812-542-3810**

FAX: **812-542-3865**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WESTMORELAND PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **1945 STATE ST**

CITY: **NEW ALBANY**

STATE: **IN**

ZIP CODE: **47150-0000**

PHONE: **812-944-6500**

FAX: **812-944-6900**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4447**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **1702 E SPRING ST**

CITY: **NEW ALBANY**

STATE: **IN**

ZIP CODE: **47150-1652**

PHONE: **812-949-5015**

FAX: **812-949-7363**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY L-744**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **2864 CHARLESTOWN RD**

CITY: **NEW ALBANY**

STATE: **IN**

ZIP CODE: **47150-1978**

PHONE: **812-948-0953**

FAX: **812-948-1368**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4122**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **2755 CHARLESTOWN RD**

CITY: **NEW ALBANY**

STATE: **IN**

ZIP CODE: **47150-1980**

PHONE: **812-944-8859**

FAX: **812-949-2078**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2691**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **2910 GRANT LINE ROAD**

CITY: **NEW ALBANY**

STATE: **IN**

ZIP CODE: **47150-2456**

PHONE: **812-944-1214**

FAX: **812-944-1306**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MATHES PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **1621 CHARLESTOWN RD**

CITY: **NEW ALBANY**

STATE: **IN**

ZIP CODE: **47150-3339**

PHONE: **812-944-3612**

FAX: **812-941-7303**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9854**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **2015 STATE ST**

CITY: **NEW ALBANY**

STATE: **IN**

ZIP CODE: **47150-4921**

PHONE: **812-945-0535**

FAX: **812-945-8249**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**BAPTIST HEALTH FLOYD OUTPATIENT PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **1850 STATE ST**

CITY: **NEW ALBANY**

STATE: **IN**

ZIP CODE: **47150-4990**

PHONE: **812-941-4446**

FAX: **812-941-4445**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7926**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FLOYD**

ADDRESS: **5190 CHARLESTOWN RD**

CITY: **NEW ALBANY**

STATE: **IN**

ZIP CODE: **47150-9429**

PHONE: **812-944-3752**

FAX: **812-944-5175**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**DAVIS DRUGS**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FOUNTAIN**

ADDRESS: **300 S PERRY ST**

CITY: **ATTICA**

STATE: **IN**

ZIP CODE: **47918-1492**

PHONE: **765-762-3287**

FAX: **765-762-0021**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**GEORGE'S FAMILY PHARMACY, INC.**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FRANKLIN**

ADDRESS: **1198 STATE ROAD 46 E**

CITY: **BATESVILLE**

STATE: **IN**

ZIP CODE: **47006-0000**

PHONE: **812-932-6251**

FAX: **812-932-6386**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #014-406**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FRANKLIN**

ADDRESS: **1034 STATE RD 229 NORTH**

CITY: **BATESVILLE**

STATE: **IN**

ZIP CODE: **47006-0000**

PHONE: **812-933-6220**

FAX: **812-933-6255**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**GEORGE'S FAMILY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FRANKLIN**

ADDRESS: **480 MAIN ST**

CITY: **BROOKVILLE**

STATE: **IN**

ZIP CODE: **47012-1406**

PHONE: **765-647-6251**

FAX: **765-647-6386**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WEBB'S FAMILY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FULTON**

ADDRESS: **100 E ROCHESTER ST**

CITY: **AKRON**

STATE: **IN**

ZIP CODE: **46910-0278**

PHONE: **574-893-4413**

FAX: **574-893-7911**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-427**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FULTON**

ADDRESS: **2040 PEACE TREE VLG**

CITY: **ROCHESTER**

STATE: **IN**

ZIP CODE: **46975-0000**

PHONE: **574-688-7080**

FAX: **574-688-7081**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WEBB'S FAMILY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FULTON**

ADDRESS: **724 MAIN ST**

CITY: **ROCHESTER**

STATE: **IN**

ZIP CODE: **46975-1599**

PHONE: **574-223-2216**

FAX: **574-223-3987**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5316**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FULTON**

ADDRESS: **906 MAIN ST**

CITY: **ROCHESTER**

STATE: **IN**

ZIP CODE: **46975-1740**

PHONE: **574-223-3249**

FAX: **574-223-4017**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1639**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FULTON**

ADDRESS: **2395 MAIN ST**

CITY: **ROCHESTER**

STATE: **IN**

ZIP CODE: **46975-9137**

PHONE: **574-223-9482**

FAX: **574-223-3475**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11882**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **GIBSON**

ADDRESS: **1915 W BROADWAY ST**

CITY: **PRINCETON**

STATE: **IN**

ZIP CODE: **47670-1095**

PHONE: **812-385-3296**

FAX: **812-385-3508**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WILLIAMS BROS HEALTH CARE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **GIBSON**

ADDRESS: **101 W BRUMFIELD AVE**

CITY: **PRINCETON**

STATE: **IN**

ZIP CODE: **47670-1304**

PHONE: **812-386-5194**

FAX: **812-257-2507**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1783**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **GIBSON**

ADDRESS: **2700 WEST BROADWAY ST**

CITY: **PRINCETON**

STATE: **IN**

ZIP CODE: **47670-9418**

PHONE: **812-386-6690**

FAX: **812-386-6695**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5663**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **GRANT**

ADDRESS: **1323 N BALDWIN AVE**

CITY: **MARION**

STATE: **IN**

ZIP CODE: **46952-1913**

PHONE: **765-664-2434**

FAX: **765-664-3721**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #12470**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **GRANT**

ADDRESS: **330 N WABASH AVE STE 100**

CITY: **MARION**

STATE: **IN**

ZIP CODE: **46952-2677**

PHONE: **765-664-2247**

FAX: **765-664-2328**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #153**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **GRANT**

ADDRESS: **3820 S WESTERN AVE**

CITY: **MARION**

STATE: **IN**

ZIP CODE: **46953-0000**

PHONE: **765-677-6810**

FAX: **765-677-6865**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1294**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **GRANT**

ADDRESS: **3240 S WESTERN AVE**

CITY: **MARION**

STATE: **IN**

ZIP CODE: **46953-3967**

PHONE: **765-662-0829**

FAX: **765-662-0839**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**UPLAND FAMILY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **GRANT**

ADDRESS: **1809 S MAIN ST STE 150**

CITY: **UPLAND**

STATE: **IN**

ZIP CODE: **46989-9259**

PHONE: **765-998-8072**

FAX: **765-998-8094**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SHAKAMAK PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **GREENE**

ADDRESS: **346 E MAIN ST**

CITY: **JASONVILLE**

STATE: **IN**

ZIP CODE: **47438-1510**

PHONE: **812-665-9760**

FAX: **812-665-9762**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1002**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **GREENE**

ADDRESS: **2251 E STATE HIGHWAY 54**

CITY: **LINTON**

STATE: **IN**

ZIP CODE: **47441-9498**

PHONE: **812-847-8648**

FAX: **812-847-4353**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**GIANT EAGLE PHARMACY #6550**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **11505 N. ILLINOIS STREET**

CITY: **CARMEL**

STATE: **IN**

ZIP CODE: **46032-0000**

PHONE: **317-689-6325**

FAX: **317-689-6324**

WEBSITE: **[www.gianteagle.com](http://www.gianteagle.com)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-959**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **1217 S RANGELINE ROAD**

CITY: **CARMEL**

STATE: **IN**

ZIP CODE: **46032-0000**

PHONE: **317-843-4431**

FAX: **317-574-4675**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #130**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **1424 W CARMEL DRIVE**

CITY: **CARMEL**

STATE: **IN**

ZIP CODE: **46032-0000**

PHONE: **317-573-8310**

FAX: **317-573-8365**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**NORTH RETAIL PHARMACY**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **HAMILTON**

ADDRESS: **11700 N MERIDIAN ST STE B106**

CITY: **CARMEL**

STATE: **IN**

ZIP CODE: **46032-0000**

PHONE: **317-688-3035**

FAX: **317-688-3039**

WEBSITE: **[www.iuhealth.org/find-locations/iu-health-north-retail-pharmacy](http://www.iuhealth.org/find-locations/iu-health-north-retail-pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #15334**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **1424 S RANGE LINE RD**

CITY: **CARMEL**

STATE: **IN**

ZIP CODE: **46032-2934**

PHONE: **317-571-1176**

FAX: **317-575-0037**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6165**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **10595 N MICHIGAN RD**

CITY: **CARMEL**

STATE: **IN**

ZIP CODE: **46032-9685**

PHONE: **317-872-5498**

FAX: **317-872-5513**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1601**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **2001 EAST 151ST STREET**

CITY: **CARMEL**

STATE: **IN**

ZIP CODE: **46033-7737**

PHONE: **317-844-9064**

FAX: **317-844-9283**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10149**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **13741 E 116TH STREET**

CITY: **FISHERS**

STATE: **IN**

ZIP CODE: **46037-7604**

PHONE: **317-595-8764**

FAX: **317-595-8831**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #869**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **11700 OLIO RD**

CITY: **FISHERS**

STATE: **IN**

ZIP CODE: **46037-7618**

PHONE: **317-598-8515**

FAX: **317-598-8517**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 895**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **9799 E 116TH ST**

CITY: **FISHERS**

STATE: **IN**

ZIP CODE: **46037-9233**

PHONE: **317-913-5505**

FAX: **317-913-5507**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAXONY RETAIL PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **13100 E 136TH ST STE 1000**

CITY: **FISHERS**

STATE: **IN**

ZIP CODE: **46037-9478**

PHONE: **317-678-3300**

FAX: **317-678-3340**

WEBSITE: [www.iuhealth.org/find-locations/iu-health-saxony-retail-pharmacy](http://www.iuhealth.org/find-locations/iu-health-saxony-retail-pharmacy)

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1557**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **8300 EAST 96TH ST**

CITY: **FISHERS**

STATE: **IN**

ZIP CODE: **46037-9795**

PHONE: **317-578-4416**

FAX: **317-578-4339**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-944**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **7272 FISHERS CROSSING DR**

CITY: **FISHERS**

STATE: **IN**

ZIP CODE: **46038-0000**

PHONE: **317-579-0209**

FAX: **317-579-0210**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**INNOVATIVE RX, LLC**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **11954 FISHERS CROSSING DR**

CITY: **FISHERS**

STATE: **IN**

ZIP CODE: **46038-2702**

PHONE: **317-845-9820**

FAX: **317-845-9821**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-5767**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **9354 AMBLESIDE DR**

CITY: **FISHERS**

STATE: **IN**

ZIP CODE: **46038-8327**

PHONE: **317-567-8413**

FAX: **317-567-8407**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #230**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **17000 MERCANTILE BLVD**

CITY: **NOBLESVILLE**

STATE: **IN**

ZIP CODE: **46060-0000**

PHONE: **317-774-7710**

FAX: **317-774-7865**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9644**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **555 WESTFIELD RD**

CITY: **NOBLESVILLE**

STATE: **IN**

ZIP CODE: **46060-1321**

PHONE: **317-774-8346**

FAX: **317-774-8489**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**RIVERVIEW OUTPATIENT PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **395 WESTFIELD RD**

CITY: **NOBLESVILLE**

STATE: **IN**

ZIP CODE: **46060-1425**

PHONE: **317-770-4567**

FAX: **317-770-4568**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-957**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **172 LOGAN ST**

CITY: **NOBLESVILLE**

STATE: **IN**

ZIP CODE: **46060-1437**

PHONE: **317-776-3347**

FAX: **317-776-3348**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9129**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **2380 PLEASANT ST**

CITY: **NOBLESVILLE**

STATE: **IN**

ZIP CODE: **46060-3623**

PHONE: **317-770-8947**

FAX: **317-770-9067**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-0923**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **16865 CLOVER ROAD**

CITY: **NOBLESVILLE**

STATE: **IN**

ZIP CODE: **46060-3640**

PHONE: **317-773-1065**

FAX: **317-773-7646**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**COSTCO PHARMACY #1666**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **14774 NORTH POINTE BLVD**

CITY: **NOBLESVILLE**

STATE: **IN**

ZIP CODE: **46060-4171**

PHONE: **463-238-2023**

FAX: **463-238-2014**

WEBSITE: **www.costco.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-980**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **14800 HAZEL DELL CROSSING**

CITY: **NOBLESVILLE**

STATE: **IN**

ZIP CODE: **46062-0000**

PHONE: **317-844-1185**

FAX: **317-844-1429**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**NOBLESVILLE LOW COST PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **758 WESTFIELD RD**

CITY: **NOBLESVILLE**

STATE: **IN**

ZIP CODE: **46062-6902**

PHONE: **317-231-5252**

FAX: **317-900-7458**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

ELLA COMMUNITY PHARMACY 2

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **508 E 10TH ST**

CITY: **SHERIDAN**

STATE: **IN**

ZIP CODE: **46069-0000**

PHONE: **317-758-4171**

FAX: **317-758-9045**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #07618**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **14625 N GRAY RD**

CITY: **WESTFIELD**

STATE: **IN**

ZIP CODE: **46062-9274**

PHONE: **317-815-6619**

FAX: **317-815-6681**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ELLA COMMUNITY PHARMACY 1**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **211 JERSEY STREET**

CITY: **WESTFIELD**

STATE: **IN**

ZIP CODE: **46074-0000**

PHONE: **317-896-9378**

FAX: **317-896-2731**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-970**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **150 W 161ST ST**

CITY: **WESTFIELD**

STATE: **IN**

ZIP CODE: **46074-0000**

PHONE: **317-867-4187**

FAX: **317-896-9763**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-983**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **17447 CAREY ROAD**

CITY: **WESTFIELD**

STATE: **IN**

ZIP CODE: **46074-0000**

PHONE: **317-867-3022**

FAX: **317-867-3155**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #319**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **225 W SPRING MILL POINTE DR.**

CITY: **WESTFIELD**

STATE: **IN**

ZIP CODE: **46074-7409**

PHONE: **463-243-3010**

FAX: **463-243-3034**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10426**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **3275 E SR 32**

CITY: **WESTFIELD**

STATE: **IN**

ZIP CODE: **46074-8564**

PHONE: **317-896-9019**

FAX: **317-896-9372**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**RIVERVIEW HEALTH PHARMACY - WESTFIELD**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **17600 SHAMROCK BLVD**

CITY: **WESTFIELD**

STATE: **IN**

ZIP CODE: **46074-9384**

PHONE: **317-214-5566**

FAX: **317-214-5561**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-952**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HANCOCK**

ADDRESS: **1571 NORTH STATE STREET**

CITY: **GREENFIELD**

STATE: **IN**

ZIP CODE: **46140-0000**

PHONE: **317-467-8981**

FAX: **317-467-8984**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEDICAP PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HANCOCK**

ADDRESS: **1588 N STATE ST**

CITY: **GREENFIELD**

STATE: **IN**

ZIP CODE: **46140-0000**

PHONE: **317-462-7877**

FAX: **317-467-8732**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1141**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HANCOCK**

ADDRESS: **1965 NORTH STATE STREET**

CITY: **GREENFIELD**

STATE: **IN**

ZIP CODE: **46140-1089**

PHONE: **317-462-4241**

FAX: **317-462-3576**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7174**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HANCOCK**

ADDRESS: **1195 N STATE ST**

CITY: **GREENFIELD**

STATE: **IN**

ZIP CODE: **46140-1207**

PHONE: **317-462-8923**

FAX: **317-462-9028**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #296**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HANCOCK**

ADDRESS: **6939 W BROADWAY**

CITY: **MCCORDSVILLE**

STATE: **IN**

ZIP CODE: **46055-9008**

PHONE: **317-510-0310**

FAX: **317-510-0265**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10559**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HARRISON**

ADDRESS: **1716 HWY 337 NW**

CITY: **CORYDON**

STATE: **IN**

ZIP CODE: **47112-2028**

PHONE: **812-738-1078**

FAX: **812-738-8312**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-0922**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HARRISON**

ADDRESS: **2363 HWY 135 NW**

CITY: **CORYDON**

STATE: **IN**

ZIP CODE: **47112-2153**

PHONE: **812-738-1294**

FAX: **812-738-1296**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #17690**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HARRISON**

ADDRESS: **1673 HIGHWAY 64 NE**

CITY: **NEW SALISBURY**

STATE: **IN**

ZIP CODE: **47161-8439**

PHONE: **812-347-3188**

FAX: **812-347-3078**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #133**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **10841 US 36 ROCKVILLE RD**

CITY: **AVON**

STATE: **IN**

ZIP CODE: **46123-0000**

PHONE: **317-273-6010**

FAX: **317-273-6065**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**COSTCO PHARMACY #1577**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **8816 DR. CHARLES NELSON DRIVE**

CITY: **AVON**

STATE: **IN**

ZIP CODE: **46123-6457**

PHONE: **317-286-4752**

FAX: **317-286-4743**

WEBSITE: **www.costco.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WEST RETAIL PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **1111 N RONALD REAGAN PKWY**

CITY: **AVON**

STATE: **IN**

ZIP CODE: **46123-7085**

PHONE: **317-217-3355**

FAX: **317-217-3363**

WEBSITE: [www.iuhealth.org/find-locations/iu-health-west-retail-pharmacy](http://www.iuhealth.org/find-locations/iu-health-west-retail-pharmacy)

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2786**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **9500 EAST US HIGHWAY 36**

CITY: **AVON**

STATE: **IN**

ZIP CODE: **46123-7366**

PHONE: **317-209-8204**

FAX: **317-209-8272**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5753**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **7975 E US HWY 36**

CITY: **AVON**

STATE: **IN**

ZIP CODE: **46123-7975**

PHONE: **317-272-5563**

FAX: **317-272-7061**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-985**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **108 N STATE ROAD 267**

CITY: **AVON**

STATE: **IN**

ZIP CODE: **46123-8475**

PHONE: **317-272-4135**

FAX: **317-272-4137**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-215**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **975 N GREEN ST**

CITY: **BROWNSBURG**

STATE: **IN**

ZIP CODE: **46112-0000**

PHONE: **317-852-3340**

FAX: **317-852-1200**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6454**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **20 W MAIN ST**

CITY: **BROWNSBURG**

STATE: **IN**

ZIP CODE: **46112-1242**

PHONE: **317-858-7834**

FAX: **317-858-7940**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**BLUE RIVER PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **26 S GREEN ST**

CITY: **BROWNSBURG**

STATE: **IN**

ZIP CODE: **46112-7777**

PHONE: **317-286-3506**

FAX: **317-350-2917**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2788**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **400 WEST NORTHFIELD DRIVE**

CITY: **BROWNSBURG**

STATE: **IN**

ZIP CODE: **46112-8122**

PHONE: **317-858-1415**

FAX: **317-858-1796**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 947**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **785 EAST MAIN ST**

CITY: **DANVILLE**

STATE: **IN**

ZIP CODE: **46122-0000**

PHONE: **317-745-8027**

FAX: **317-745-8028**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-6476**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **1894 RIDGE AVE**

CITY: **DANVILLE**

STATE: **IN**

ZIP CODE: **46122-5501**

PHONE: **317-745-3209**

FAX: **317-745-3216**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-118**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **1930 E MAIN ST**

CITY: **PLAINFIELD**

STATE: **IN**

ZIP CODE: **46168-0000**

PHONE: **317-839-5149**

FAX: **317-838-3500**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #256**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **400 DAN JONES RD.**

CITY: **PLAINFIELD**

STATE: **IN**

ZIP CODE: **46168-1791**

PHONE: **317-204-1310**

FAX: **317-204-1365**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5562**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **1516 E MAIN ST**

CITY: **PLAINFIELD**

STATE: **IN**

ZIP CODE: **46168-1791**

PHONE: **317-838-9187**

FAX: **317-838-9307**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-0828**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **2373 E MAIN STREET**

CITY: **PLAINFIELD**

STATE: **IN**

ZIP CODE: **46168-2717**

PHONE: **317-839-3881**

FAX: **317-839-4438**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-6470**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **900 W MAIN ST**

CITY: **PLAINFIELD**

STATE: **IN**

ZIP CODE: **46168-9407**

PHONE: **317-204-1386**

FAX: **317-204-1387**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

IU HEALTH ADVANCED THERAPIES PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENDRICKS**

ADDRESS: **390 AIRTECH PKWY STE 106A**

CITY: **PLAINFIELD**

STATE: **IN**

ZIP CODE: **46168-7456**

PHONE: **317-963-7100**

FAX: **317-963-7119**

WEBSITE: **N/A**

HANDICAP ACCESS: **NO**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **MAIL ORDER PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**FOREST RIDGE NEIGHBORHOOD PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENRY**

ADDRESS: **2200 FOREST RIDGE PKWY**

CITY: **NEW CASTLE**

STATE: **IN**

ZIP CODE: **47362-0000**

PHONE: **765-599-3540**

FAX: **765-599-3541**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**FREDS NEIGHBORHOOD PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENRY**

ADDRESS: **320 S MAIN**

CITY: **NEW CASTLE**

STATE: **IN**

ZIP CODE: **47362-0000**

PHONE: **765-529-3313**

FAX: **765-529-9074**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 920**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENRY**

ADDRESS: **120 S MEMORIAL DR**

CITY: **NEW CASTLE**

STATE: **IN**

ZIP CODE: **47362-0000**

PHONE: **765-529-7330**

FAX: **765-521-7374**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1758**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENRY**

ADDRESS: **3167 SOUTH STATE RD 3**

CITY: **NEW CASTLE**

STATE: **IN**

ZIP CODE: **47362-1318**

PHONE: **765-529-5997**

FAX: **765-529-6012**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7690**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENRY**

ADDRESS: **100 N MEMORIAL DR**

CITY: **NEW CASTLE**

STATE: **IN**

ZIP CODE: **47362-4915**

PHONE: **765-521-0189**

FAX: **765-521-7124**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

HCMH OUTPATIENT NEIGHBORHOOD PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HENRY**

ADDRESS: **152 WITTENBRAKER AVE**

CITY: **NEW CASTLE**

STATE: **IN**

ZIP CODE: **47362-0000**

PHONE: **765-521-1483**

FAX: **765-593-2428**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **CLINIC PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-109**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HOWARD**

ADDRESS: **605 N DIXON RD**

CITY: **KOKOMO**

STATE: **IN**

ZIP CODE: **46901-0000**

PHONE: **765-457-0800**

FAX: **765-454-5286**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #141**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HOWARD**

ADDRESS: **2301 E MARKLAND AVENUE**

CITY: **KOKOMO**

STATE: **IN**

ZIP CODE: **46901-0000**

PHONE: **765-454-7810**

FAX: **765-454-7865**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**WALGREENS #10073**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **HOWARD**

ADDRESS: **2400 W SYCAMORE ST.**

CITY: **KOKOMO**

STATE: **IN**

ZIP CODE: **46901-4035**

PHONE: **765-868-0140**

FAX: **765-868-4950**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

HERBST APOTHECARY INC

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HOWARD**

ADDRESS: **201 N DIXON RD**

CITY: **KOKOMO**

STATE: **IN**

ZIP CODE: **46901-4097**

PHONE: **765-457-1191**

FAX: **765-868-3184**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1962**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HOWARD**

ADDRESS: **1920 E MARKLAND AVE**

CITY: **KOKOMO**

STATE: **IN**

ZIP CODE: **46901-6236**

PHONE: **765-456-3641**

FAX: **765-456-3734**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10074**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE:

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HOWARD**

ADDRESS: **2345 E MARKLAND AVE**

CITY: **KOKOMO**

STATE: **IN**

ZIP CODE: **46901-6245**

PHONE: **765-868-4798**

FAX: **765-868-4923**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-71**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HOWARD**

ADDRESS: **2821 S WASHINGTON ST**

CITY: **KOKOMO**

STATE: **IN**

ZIP CODE: **46902-0000**

PHONE: **765-453-3173**

FAX: **765-453-5628**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6944**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HOWARD**

ADDRESS: **3608 S LAFOUNTAIN ST**

CITY: **KOKOMO**

STATE: **IN**

ZIP CODE: **46902-3809**

PHONE: **765-455-2191**

FAX: **765-455-2240**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #841**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HUNTINGTON**

ADDRESS: **2718 GUILFORD ST**

CITY: **HUNTINGTON**

STATE: **IN**

ZIP CODE: **46750-0000**

PHONE: **260-358-1506**

FAX: **260-358-1591**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6066**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HUNTINGTON**

ADDRESS: **1804 N JEFFERSON ST**

CITY: **HUNTINGTON**

STATE: **IN**

ZIP CODE: **46750-1343**

PHONE: **260-358-0014**

FAX: **260-356-7498**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2311**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HUNTINGTON**

ADDRESS: **2800 WALMART DRIVE**

CITY: **HUNTINGTON**

STATE: **IN**

ZIP CODE: **46750-7977**

PHONE: **260-358-8610**

FAX: **260-358-8701**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

## **FAMILY DRUG**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JACKSON**

ADDRESS: **810 W COMMERCE ST**

CITY: **BROWNSTOWN**

STATE: **IN**

ZIP CODE: **47220-1233**

PHONE: **812-358-4502**

FAX: **812-358-3784**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11454**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JACKSON**

ADDRESS: **319 E TIPTON ST**

CITY: **SEYMOUR**

STATE: **IN**

ZIP CODE: **47274-3513**

PHONE: **812-522-0620**

FAX: **812-523-3691**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**JAY C PHARMACY #093**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JACKSON**

ADDRESS: **1541 E TIPTON ST**

CITY: **SEYMOUR**

STATE: **IN**

ZIP CODE: **47274-3557**

PHONE: **812-522-4401**

FAX: **812-405-1066**

WEBSITE: **www.jaycfoods.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1033**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JACKSON**

ADDRESS: **1600 EAST TIPTON ST**

CITY: **SEYMOUR**

STATE: **IN**

ZIP CODE: **47274-3560**

PHONE: **812-522-5252**

FAX: **812-522-3528**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**VALLEY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JASPER**

ADDRESS: **325A N HALLECK ST**

CITY: **DEMOTTE**

STATE: **IN**

ZIP CODE: **46310-0000**

PHONE: **219-987-3330**

FAX: **219-987-3331**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #12640**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JASPER**

ADDRESS: **226 N HALLECK ST**

CITY: **DEMOTTE**

STATE: **IN**

ZIP CODE: **46310-8633**

PHONE: **219-987-4900**

FAX: **219-987-4959**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2020**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JASPER**

ADDRESS: **905 SOUTH COLLEGE AVENUE**

CITY: **RENSSELAER**

STATE: **IN**

ZIP CODE: **47978-3006**

PHONE: **219-866-0466**

FAX: **219-866-0456**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #21380**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JASPER**

ADDRESS: **865 S COLLEGE AVE**

CITY: **RENSSELAER**

STATE: **IN**

ZIP CODE: **47978-3055**

PHONE: **219-866-4156**

FAX: **219-866-3507**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2388**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JAY**

ADDRESS: **950 W VOTAW ST**

CITY: **PORTLAND**

STATE: **IN**

ZIP CODE: **47371-1254**

PHONE: **260-726-3782**

FAX: **260-726-3785**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY L741**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **525 E CLIFTY DRIVE**

CITY: **MADISON**

STATE: **IN**

ZIP CODE: **47250-0000**

PHONE: **812-273-3343**

FAX: **812-273-4007**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10720**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **129 CLIFTY DR**

CITY: **MADISON**

STATE: **IN**

ZIP CODE: **47250-1601**

PHONE: **812-273-5840**

FAX: **812-273-7010**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1327**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **567 IVY TECH DRIVE**

CITY: **MADISON**

STATE: **IN**

ZIP CODE: **47250-1802**

PHONE: **812-273-6338**

FAX: **812-273-6446**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9826**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JENNINGS**

ADDRESS: **9 N STATE ST**

CITY: **NORTH VERNON**

STATE: **IN**

ZIP CODE: **47265-1723**

PHONE: **812-346-4834**

FAX: **812-346-7058**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1157**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JENNINGS**

ADDRESS: **2410 N STATE HIGHWAY 3**

CITY: **NORTH VERNON**

STATE: **IN**

ZIP CODE: **47265-6589**

PHONE: **812-346-6323**

FAX: **812-346-6338**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**JAY C PLUS PHARMACY #83**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JENNINGS**

ADDRESS: **2325 N STATE HIGHWAY 3**

CITY: **NORTH VERNON**

STATE: **IN**

ZIP CODE: **47265-7483**

PHONE: **812-352-1780**

FAX: **812-352-1981**

WEBSITE: **www.jaycfoods.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #979**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **970 N MORTON ST**

CITY: **FRANKLIN**

STATE: **IN**

ZIP CODE: **46131-0000**

PHONE: **317-736-9574**

FAX: **317-736-9427**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5393**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **20 S MORTON ST**

CITY: **FRANKLIN**

STATE: **IN**

ZIP CODE: **46131-2102**

PHONE: **317-736-8089**

FAX: **317-736-8472**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-0995**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **2125 NORTH MORTON ST.**

CITY: **FRANKLIN**

STATE: **IN**

ZIP CODE: **46131-9624**

PHONE: **317-738-4387**

FAX: **317-738-4456**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #295**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **2390 N MORTON ST**

CITY: **FRANKLIN**

STATE: **IN**

ZIP CODE: **46131-9737**

PHONE: **317-346-9610**

FAX: **317-346-9665**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-909**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **3100 MERIDIAN PARK DR**

CITY: **GREENWOOD**

STATE: **IN**

ZIP CODE: **46142-0000**

PHONE: **317-887-5757**

FAX: **317-887-5753**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #132**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **150 S MARLIN DRIVE**

CITY: **GREENWOOD**

STATE: **IN**

ZIP CODE: **46142-0000**

PHONE: **317-885-3010**

FAX: **317-885-3065**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #15032**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **1290 N STATE ROAD 135**

CITY: **GREENWOOD**

STATE: **IN**

ZIP CODE: **46142-1003**

PHONE: **317-865-0472**

FAX: **317-889-3546**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #735**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **5961 N SR 135**

CITY: **GREENWOOD**

STATE: **IN**

ZIP CODE: **46143-0000**

PHONE: **317-530-3087**

FAX: **317-530-3088**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 864**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **2200 INDEPENDENCE DR**

CITY: **GREENWOOD**

STATE: **IN**

ZIP CODE: **46143-0000**

PHONE: **317-883-4145**

FAX: **317-883-4147**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4592**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **700 US HWY 31 S**

CITY: **GREENWOOD**

STATE: **IN**

ZIP CODE: **46143-2401**

PHONE: **317-883-0567**

FAX: **317-883-0637**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-3435**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **1133 N EMERSON ROAD**

CITY: **GREENWOOD**

STATE: **IN**

ZIP CODE: **46143-6275**

PHONE: **317-885-0139**

FAX: **317-885-0217**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAMS PHARMACY 10-6325**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **1101 WINDHORST WAY**

CITY: **GREENWOOD**

STATE: **IN**

ZIP CODE: **46143-9067**

PHONE: **317-887-0093**

FAX: **317-887-0448**

WEBSITE: **www.samsclub.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5853**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **720 S STATE RD 135**

CITY: **GREENWOOD**

STATE: **IN**

ZIP CODE: **46143-9410**

PHONE: **317-888-6917**

FAX: **317-888-6975**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-5483**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JOHNSON**

ADDRESS: **882 S STATE ROAD 135**

CITY: **GREENWOOD**

STATE: **IN**

ZIP CODE: **46143-9412**

PHONE: **317-851-1103**

FAX: **317-851-1105**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**FAMILY PHARMACY INC**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KNOX**

ADDRESS: **508 W 11TH STREET**

CITY: **BICKNELL**

STATE: **IN**

ZIP CODE: **47512-0000**

PHONE: **812-735-4444**

FAX: **812-735-3017**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3530**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KNOX**

ADDRESS: **505 COLLEGE AVE**

CITY: **VINCENNES**

STATE: **IN**

ZIP CODE: **47591-2221**

PHONE: **812-882-3896**

FAX: **812-882-0978**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WILLIAMS BROS. HEALTH CARE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KNOX**

ADDRESS: **1216 WASHINGTON AVE**

CITY: **VINCENNES**

STATE: **IN**

ZIP CODE: **47591-2245**

PHONE: **812-882-1800**

FAX: **812-886-4042**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**RUSCH'S SOUTHSIDE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KNOX**

ADDRESS: **1107 S 15TH ST**

CITY: **VINCENNES**

STATE: **IN**

ZIP CODE: **47591-4223**

PHONE: **812-316-0079**

FAX: **812-316-0510**

WEBSITE: **N/A**

HANDICAP ACCESS: **NO**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-0492**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KNOX**

ADDRESS: **650 KIMMELL RD**

CITY: **VINCENNES**

STATE: **IN**

ZIP CODE: **47591-6341**

PHONE: **812-886-0006**

FAX: **812-886-0154**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**HOMETOWN PHARMACY #49 - WARSAW**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KOSCIUSKO**

ADDRESS: **1775 E CENTER ST**

CITY: **WARSAW**

STATE: **IN**

ZIP CODE: **46580-0000**

PHONE: **574-267-7194**

FAX: **574-267-1599**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #267**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KOSCIUSKO**

ADDRESS: **1200 LAKE CITY HWY**

CITY: **WARSAW**

STATE: **IN**

ZIP CODE: **46580-1837**

PHONE: **574-371-4110**

FAX: **574-371-4165**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #837**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KOSCIUSKO**

ADDRESS: **2211 EAST CENTER ST**

CITY: **WARSAW**

STATE: **IN**

ZIP CODE: **46580-3719**

PHONE: **574-269-6674**

FAX: **574-267-5094**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7906**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KOSCIUSKO**

ADDRESS: **2400 E CENTER ST**

CITY: **WARSAW**

STATE: **IN**

ZIP CODE: **46580-3817**

PHONE: **574-269-4003**

FAX: **574-269-5482**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2326**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KOSCIUSKO**

ADDRESS: **1150 HUSKY TRAIL**

CITY: **WARSAW**

STATE: **IN**

ZIP CODE: **46582-1952**

PHONE: **574-371-9080**

FAX: **866-528-5769**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1304**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KOSCIUSKO**

ADDRESS: **2501 WALTON BLVD**

CITY: **WARSAW**

STATE: **IN**

ZIP CODE: **46582-6500**

PHONE: **574-269-7941**

FAX: **574-269-7541**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MILLERS PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAGRANGE**

ADDRESS: **420 S DETROIT ST**

CITY: **LAGRANGE**

STATE: **IN**

ZIP CODE: **46761-0000**

PHONE: **260-463-7464**

FAX: **260-463-8150**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SHIPSHEWANA PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAGRANGE**

ADDRESS: **350 S VAN BUREN ST STE F**

CITY: **SHIPSHEWANA**

STATE: **IN**

ZIP CODE: **46565-9197**

PHONE: **260-768-4433**

FAX: **260-768-4403**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**TOPEKA PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAGRANGE**

ADDRESS: **101 N MAIN ST**

CITY: **TOPEKA**

STATE: **IN**

ZIP CODE: **46571-0000**

PHONE: **260-593-2252**

FAX: **260-593-2150**

WEBSITE: **[www.topekapharmacy.net/](http://www.topekapharmacy.net/)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**WALGREENS #5727**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **LAKE**

ADDRESS: **13242 WICKER AVE**

CITY: **CEDAR LAKE**

STATE: **IN**

ZIP CODE: **46303-9348**

PHONE: **219-374-9346**

FAX: **219-374-9418**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

FRANCISCAN OUTPATIENT PHARMACY-CROWN POINT

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **12750 SAINT FRANCIS DRIVE**

CITY: **CROWN POINT**

STATE: **IN**

ZIP CODE: **46307-0264**

PHONE: **219-681-6814**

FAX: **219-681-6815**

WEBSITE: **[www.franciscanhealth.org](http://www.franciscanhealth.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4668**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **1003 N MAIN STREET**

CITY: **CROWN POINT**

STATE: **IN**

ZIP CODE: **46307-2712**

PHONE: **219-663-6669**

FAX: **219-663-5987**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

**PHARMACY NAME**

**OSCO DRUG #0076**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **LAKE**

ADDRESS: **1276 N MAIN ST**

CITY: **CROWN POINT**

STATE: **IN**

ZIP CODE: **46307-2757**

PHONE: **219-662-0200**

FAX: **219-663-7603**

WEBSITE: **[www.jewelosco.com](http://www.jewelosco.com)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #12812**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **1520 S COURT STREET**

CITY: **CROWN POINT**

STATE: **IN**

ZIP CODE: **46307-4809**

PHONE: **219-663-0336**

FAX: **219-663-8647**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4829**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **10920 RANDOLPH ST**

CITY: **CROWN POINT**

STATE: **IN**

ZIP CODE: **46307-7753**

PHONE: **219-661-8117**

FAX: **219-661-8124**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10123**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **10795 BROADWAY**

CITY: **CROWN POINT**

STATE: **IN**

ZIP CODE: **46307-8834**

PHONE: **219-661-8406**

FAX: **219-661-8507**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #21202**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **1001 CALUMET AVE STE 101**

CITY: **DYER**

STATE: **IN**

ZIP CODE: **46311-1596**

PHONE: **219-227-3557**

FAX: **219-227-3558**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6106**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **770 JOLIET ST**

CITY: **DYER**

STATE: **IN**

ZIP CODE: **46311-1720**

PHONE: **219-322-5305**

FAX: **219-322-7131**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**OSCO DRUG #0127**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **805 JOLIET ST**

CITY: **DYER**

STATE: **IN**

ZIP CODE: **46311-1920**

PHONE: **219-864-4314**

FAX: **219-864-9286**

WEBSITE: **[www.jewelosco.com](http://www.jewelosco.com)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

ST.CATHERINE OUTPATIENT PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **4321 FIR STREET**

CITY: **EAST CHICAGO**

STATE: **IN**

ZIP CODE: **46312-0000**

PHONE: **219-392-7691**

FAX: **219-392-7693**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10529**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **2123 E COLUMBUS DR**

CITY: **EAST CHICAGO**

STATE: **IN**

ZIP CODE: **46312-2831**

PHONE: **219-397-6911**

FAX: **219-391-9527**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**METHODIST HOSPITALS NORTHLAKE OUTPATIENT  
PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **600 GRANT ST**

CITY: **GARY**

STATE: **IN**

ZIP CODE: **46402-6001**

PHONE: **219-883-1710**

FAX: **219-883-1711**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9290**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **2500 GRANT ST**

CITY: **GARY**

STATE: **IN**

ZIP CODE: **46404-3508**

PHONE: **219-949-1055**

FAX: **219-944-7371**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4241**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **1225 E RIDGE RD**

CITY: **GRIFFITH**

STATE: **IN**

ZIP CODE: **46319-1461**

PHONE: **219-838-4280**

FAX: **219-923-4312**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #12788**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **407 W GLEN PARK AVE**

CITY: **GRIFFITH**

STATE: **IN**

ZIP CODE: **46319-1511**

PHONE: **219-924-2701**

FAX: **219-924-8691**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**QUIK SCRIPTS**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **303 N BROAD ST**

CITY: **GRIFFITH**

STATE: **IN**

ZIP CODE: **46319-2222**

PHONE: **219-924-9540**

FAX: **219-922-9535**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-4631**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **1100 5TH ST**

CITY: **HAMMOND**

STATE: **IN**

ZIP CODE: **46320-1002**

PHONE: **219-473-9709**

FAX: **219-473-9714**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**VYTO'S PHARMACY 3**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **4923 HOHMAN AVE**

CITY: **HAMMOND**

STATE: **IN**

ZIP CODE: **46320-1275**

PHONE: **219-937-1600**

FAX: **219-937-7268**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4462**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **6510 COLUMBIA AVE**

CITY: **HAMMOND**

STATE: **IN**

ZIP CODE: **46320-2748**

PHONE: **219-931-3332**

FAX: **219-852-9201**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**VYTOS PHARMACY 1**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **SPANISH, SERBO-CROATIAN, POLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **6949 KENNEDY AVE UNIT C**

CITY: **HAMMOND**

STATE: **IN**

ZIP CODE: **46323-0000**

PHONE: **219-845-2900**

FAX: **219-844-1983**

WEBSITE: **N/A**

HANDICAP ACCESS: **NO**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3352**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **6905 KENNEDY AVE**

CITY: **HAMMOND**

STATE: **IN**

ZIP CODE: **46323-2210**

PHONE: **219-844-5034**

FAX: **219-845-5014**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2818**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **7850 CABELA DR**

CITY: **HAMMOND**

STATE: **IN**

ZIP CODE: **46324-0015**

PHONE: **219-989-0275**

FAX: **219-989-0279**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #12109**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **7236 CALUMET AVE**

CITY: **HAMMOND**

STATE: **IN**

ZIP CODE: **46324-2408**

PHONE: **219-937-0337**

FAX: **219-852-8709**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5628**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **4445 CALUMET AVE**

CITY: **HAMMOND**

STATE: **IN**

ZIP CODE: **46327-1411**

PHONE: **219-932-2007**

FAX: **219-931-4052**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #170**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **10138 INDIANAPOLIS RD**

CITY: **HIGHLAND**

STATE: **IN**

ZIP CODE: **46322-0000**

PHONE: **219-934-2110**

FAX: **219-934-2165**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**VYTOS PHARMACY 2**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **8845 KENNEDY AVE**

CITY: **HIGHLAND**

STATE: **IN**

ZIP CODE: **46322-0000**

PHONE: **219-972-1700**

FAX: **219-972-1915**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6691**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **2401 RIDGE RD**

CITY: **HIGHLAND**

STATE: **IN**

ZIP CODE: **46322-1565**

PHONE: **219-838-1412**

FAX: **219-923-5024**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6216**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **732 W OLD RIDGE RD**

CITY: **HOBART**

STATE: **IN**

ZIP CODE: **46342-4113**

PHONE: **219-942-8517**

FAX: **219-942-0913**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**NORTHSHORE LAKE STATION PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **2490 CENTRAL AVENUE STE B**

CITY: **LAKE STATION**

STATE: **IN**

ZIP CODE: **46405-0000**

PHONE: **219-962-5909**

FAX: **219-962-5981**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6733**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **3500 CENTRAL AVE**

CITY: **LAKE STATION**

STATE: **IN**

ZIP CODE: **46405-2271**

PHONE: **219-963-7355**

FAX: **219-963-1562**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5194**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **1704 E COMMERCIAL AVE**

CITY: **LOWELL**

STATE: **IN**

ZIP CODE: **46356-2111**

PHONE: **219-696-6638**

FAX: **219-696-4169**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #165**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **611 US 30**

CITY: **MERRILLVILLE**

STATE: **IN**

ZIP CODE: **46410-0000**

PHONE: **219-650-3710**

FAX: **219-650-3765**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6906**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **6097 BROADWAY**

CITY: **MERRILLVILLE**

STATE: **IN**

ZIP CODE: **46410-2619**

PHONE: **219-980-5223**

FAX: **219-884-6010**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4750**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **400 W LINCOLN HWY**

CITY: **MERRILLVILLE**

STATE: **IN**

ZIP CODE: **46410-5305**

PHONE: **219-736-1372**

FAX: **219-736-1922**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAMS PHARMACY 10-8174**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **3134 EAST 79TH AVE**

CITY: **MERRILLVILLE**

STATE: **IN**

ZIP CODE: **46410-5738**

PHONE: **219-947-3789**

FAX: **219-947-5790**

WEBSITE: **www.samsclub.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1618**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **2936 EAST 79TH AVENUE**

CITY: **MERRILLVILLE**

STATE: **IN**

ZIP CODE: **46410-5748**

PHONE: **219-942-8270**

FAX: **219-942-4837**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**COSTCO PHARMACY #370**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **1310 E 79TH AVE**

CITY: **MERRILLVILLE**

STATE: **IN**

ZIP CODE: **46410-5768**

PHONE: **219-641-6402**

FAX: **219-641-6421**

WEBSITE: **www.costco.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**METHODIST HOSPITALS SOUTHLAKE OUTPATIENT  
PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**  
LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**  
BOARD CERTIFICATION: **N/A**  
HOSPITAL AFFILIATION: **N/A**  
CULTURAL COMPETENCIES: **N/A**  
TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**  
ADDRESS: **8701 BROADWAY**  
CITY: **MERRILLVILLE**  
STATE: **IN**  
ZIP CODE: **46410-7035**  
PHONE: **219-500-1161**  
FAX: **219-500-1006**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**  
PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**  
E-PRESCRIPTION: **NO**  
DELIVERY: **NO**  
DRIVE UP WINDOW: **NO**  
COMPOUNDING SVC: **YES**  
PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**COMMUNITY SURGERY CENTER PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **801 MAC ARTHUR BLVD SUITE 102**

CITY: **MUNSTER**

STATE: **IN**

ZIP CODE: **46321-0000**

PHONE: **219-836-2480**

FAX: **219-836-0560**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**FRANCISCAN OUTPATIENT PHARMACY - HAMMOND**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **7905 CALUMET AVE SUITE 1020**

CITY: **MUNSTER**

STATE: **IN**

ZIP CODE: **46321-0000**

PHONE: **219-852-1521**

FAX: **219-852-1522**

WEBSITE: **[www.franciscanhealth.org](http://www.franciscanhealth.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

OSCO DRUG #3096

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **716 RIDGE RD**

CITY: **MUNSTER**

STATE: **IN**

ZIP CODE: **46321-1612**

PHONE: **219-836-7978**

FAX: **219-836-4041**

WEBSITE: **[www.jewelosco.com](http://www.jewelosco.com)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7708**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **8930 CALUMET AVE**

CITY: **MUNSTER**

STATE: **IN**

ZIP CODE: **46321-2802**

PHONE: **219-513-0894**

FAX: **219-513-0899**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6000**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **22 US HIGHWAY 41**

CITY: **SCHERERVILLE**

STATE: **IN**

ZIP CODE: **46375-1202**

PHONE: **219-865-6472**

FAX: **219-865-6536**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1576**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **1555 US HIGHWAY 41**

CITY: **SCHERERVILLE**

STATE: **IN**

ZIP CODE: **46375-1317**

PHONE: **219-865-6124**

FAX: **219-322-0677**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5787**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **651 W US HWY 30**

CITY: **SCHERERVILLE**

STATE: **IN**

ZIP CODE: **46375-1649**

PHONE: **219-865-2245**

FAX: **219-865-8626**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4486**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **5520 W LINCOLN HWY**

CITY: **SCHERERVILLE**

STATE: **IN**

ZIP CODE: **46375-3422**

PHONE: **219-864-1476**

FAX: **219-865-2012**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**QUIK SCRIPTS**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH, SERBIAN, CROATIAN**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **10865 MAPLE LN STE C**

CITY: **ST JOHN**

STATE: **IN**

ZIP CODE: **46373-0000**

PHONE: **219-365-9701**

FAX: **219-365-9711**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4276**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **9280 WICKER AVE**

CITY: **ST JOHN**

STATE: **IN**

ZIP CODE: **46373-9651**

PHONE: **219-365-9847**

FAX: **219-365-0645**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WHITING COMMUNITY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, ARABIC**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **1236 119TH ST**

CITY: **WHITING**

STATE: **IN**

ZIP CODE: **46394-0000**

PHONE: **219-655-5529**

FAX: **219-529-6269**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10534**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **1939 INDIANAPOLIS BLVD**

CITY: **WHITING**

STATE: **IN**

ZIP CODE: **46394-1509**

PHONE: **219-659-3541**

FAX: **219-473-9124**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**RITE CARE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, HINDI**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAKE**

ADDRESS: **2075 INDIANAPOLIS BLVD**

CITY: **WHITING**

STATE: **IN**

ZIP CODE: **46394-1948**

PHONE: **219-655-5028**

FAX: **219-655-5160**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-966**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAPORTE**

ADDRESS: **55 PINE LAKE AVE**

CITY: **LA PORTE**

STATE: **IN**

ZIP CODE: **46350-0000**

PHONE: **219-325-3152**

FAX: **219-325-0443**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PHIL'S DISCOUNT DRUGS**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAPORTE**

ADDRESS: **702 E LINCOLN WAY**

CITY: **LA PORTE**

STATE: **IN**

ZIP CODE: **46350-0000**

PHONE: **219-362-7133**

FAX: **219-362-2833**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2276**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAPORTE**

ADDRESS: **333 BOYD BLVD**

CITY: **LA PORTE**

STATE: **IN**

ZIP CODE: **46350-3965**

PHONE: **219-325-3426**

FAX: **219-325-3919**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9318**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAPORTE**

ADDRESS: **525 E LINCOLNWAY**

CITY: **LAPORTE**

STATE: **IN**

ZIP CODE: **46350-3833**

PHONE: **219-326-9536**

FAX: **219-326-9650**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5141**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAPORTE**

ADDRESS: **1302 W SR 2**

CITY: **LAPORTE**

STATE: **IN**

ZIP CODE: **46350-4666**

PHONE: **219-362-7009**

FAX: **219-326-1723**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**MEIJER PHARMACY #149**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **LAPORTE**

ADDRESS: **5150 S FRANKLIN ST US 421**

CITY: **MICHIGAN CITY**

STATE: **IN**

ZIP CODE: **46360-0000**

PHONE: **219-877-2410**

FAX: **219-877-2465**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PHILS HEALTHMART PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAPORTE**

ADDRESS: **3535 S FRANKLIN ST**

CITY: **MICHIGAN CITY**

STATE: **IN**

ZIP CODE: **46360-0000**

PHONE: **219-874-7445**

FAX: **219-878-1779**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**FRANCISCAN OUTPATIENT PHARMACY - MICHIGAN CITY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAPORTE**

ADDRESS: **3500 FRANCISCAN WAY FIRST FLOOR**

CITY: **MICHIGAN CITY**

STATE: **IN**

ZIP CODE: **46360-0021**

PHONE: **219-878-8300**

FAX: **219-878-8301**

WEBSITE: **[www.franciscanhealth.org](http://www.franciscanhealth.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11084**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAPORTE**

ADDRESS: **1816 FRANKLIN ST**

CITY: **MICHIGAN CITY**

STATE: **IN**

ZIP CODE: **46360-4504**

PHONE: **219-874-2544**

FAX: **219-878-0165**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4635**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAPORTE**

ADDRESS: **101 W HWY 20**

CITY: **MICHIGAN CITY**

STATE: **IN**

ZIP CODE: **46360-7337**

PHONE: **219-879-9650**

FAX: **219-879-9687**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1487**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAPORTE**

ADDRESS: **5780 FRANKLIN ST**

CITY: **MICHIGAN CITY**

STATE: **IN**

ZIP CODE: **46360-7844**

PHONE: **219-872-3309**

FAX: **219-874-3284**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

ENGLEKING RX

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAWRENCE**

ADDRESS: **619 LINCOLN AVE**

CITY: **BEDFORD**

STATE: **IN**

ZIP CODE: **47421-0000**

PHONE: **812-277-1702**

FAX: **812-277-1697**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**JAY C PLUS PHARMACY #90**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAWRENCE**

ADDRESS: **2631 W 16TH ST**

CITY: **BEDFORD**

STATE: **IN**

ZIP CODE: **47421-0000**

PHONE: **812-275-8167**

FAX: **812-275-7205**

WEBSITE: **www.jaycfoods.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEDICINE PLUS**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAWRENCE**

ADDRESS: **2412 W 16TH ST**

CITY: **BEDFORD**

STATE: **IN**

ZIP CODE: **47421-0000**

PHONE: **812-275-3383**

FAX: **812-275-0384**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**CROWDERS DRUG STORE INC**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAWRENCE**

ADDRESS: **631 E 16TH ST**

CITY: **BEDFORD**

STATE: **IN**

ZIP CODE: **47421-0966**

PHONE: **812-275-5949**

FAX: **812-277-3631**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #2362**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAWRENCE**

ADDRESS: **1215 16TH ST**

CITY: **BEDFORD**

STATE: **IN**

ZIP CODE: **47421-3007**

PHONE: **812-277-9375**

FAX: **812-277-9458**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1026**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAWRENCE**

ADDRESS: **3200 JOHN WILLIAMS BLVD**

CITY: **BEDFORD**

STATE: **IN**

ZIP CODE: **47421-9153**

PHONE: **812-275-0415**

FAX: **812-275-0375**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

ENGLEKING RX, LLC

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LAWRENCE**

ADDRESS: **1494 W MAIN ST**

CITY: **MITCHELL**

STATE: **IN**

ZIP CODE: **47446-9493**

PHONE: **812-865-3266**

FAX: **812-849-2832**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**PAYLESS PHARMACY J 814**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **MADISON**

ADDRESS: **1845 N SCATTERFIELD RD**

CITY: **ANDERSON**

STATE: **IN**

ZIP CODE: **46012-0000**

PHONE: **765-649-2477**

FAX: **765-648-2322**

WEBSITE: **www.pay-less.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7788**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MADISON**

ADDRESS: **320 S SCATTERFIELD RD**

CITY: **ANDERSON**

STATE: **IN**

ZIP CODE: **46012-3601**

PHONE: **765-609-3780**

FAX: **765-609-3783**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #136**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MADISON**

ADDRESS: **6610 SCATTERFIELD ROAD**

CITY: **ANDERSON**

STATE: **IN**

ZIP CODE: **46013-0000**

PHONE: **765-683-5210**

FAX: **765-683-5265**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**PAYLESS PHARMACY J 816**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **MADISON**

ADDRESS: **1900 APPLEWOOD CENTRE DR**

CITY: **ANDERSON**

STATE: **IN**

ZIP CODE: **46013-0000**

PHONE: **765-649-8026**

FAX: **765-648-2353**

WEBSITE: **www.pay-less.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6761**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MADISON**

ADDRESS: **3736 S SCATTERFIELD RD**

CITY: **ANDERSON**

STATE: **IN**

ZIP CODE: **46013-2147**

PHONE: **765-649-1366**

FAX: **765-649-1440**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1728**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MADISON**

ADDRESS: **2321 CHARLES STREET**

CITY: **ANDERSON**

STATE: **IN**

ZIP CODE: **46013-2762**

PHONE: **765-642-5365**

FAX: **765-642-5370**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PHARMASAVE RX**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, ARABIC**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MADISON**

ADDRESS: **4638 S SCATTERFIELD RD**

CITY: **ANDERSON**

STATE: **IN**

ZIP CODE: **46013-2900**

PHONE: **765-374-3444**

FAX: **765-640-5400**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**PAYLESS PHARMACY 848**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **MADISON**

ADDRESS: **3050 MERIDIAN ST**

CITY: **ANDERSON**

STATE: **IN**

ZIP CODE: **46016-0000**

PHONE: **765-644-2421**

FAX: **765-644-7734**

WEBSITE: **www.pay-less.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MERIDIAN HEALTH RX - ANDERSON**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MADISON**

ADDRESS: **1547 OHIO AVE SUITE A**

CITY: **ANDERSON**

STATE: **IN**

ZIP CODE: **46016-1917**

PHONE: **765-400-2710**

FAX: **765-227-1010**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #2956**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **1808 ALBANY ST**

CITY: **BEECH GROVE**

STATE: **IN**

ZIP CODE: **46107-1404**

PHONE: **317-786-1031**

FAX: **317-786-1036**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 820**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **4445 E 10TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46201-0000**

PHONE: **317-359-1638**

FAX: **317-351-3200**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**DAMIEN PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **26 N ARSENAL AVE SUITE B**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46201-3808**

PHONE: **317-981-1989**

FAX: **317-981-1990**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ESKENAZI HEALTH ST. MARGARET'S PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **720 ESKENAZI AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46202-0000**

PHONE: **317-880-4526**

FAX: **317-880-0422**

WEBSITE: **[www.eskenazihealth.edu](http://www.eskenazihealth.edu)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**METHODIST RETAIL PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **1801 N SENATE BLVD ROOM 105**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46202-0000**

PHONE: **317-962-5606**

FAX: **317-962-2353**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10973**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **1530 N MERIDIAN ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46202-2307**

PHONE: **317-261-1753**

FAX: **317-972-9061**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**RILEY RETAIL PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **705 RILEY HOSPITAL DR ROC 1201**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46202-5109**

PHONE: **317-944-2335**

FAX: **317-948-0792**

WEBSITE: **[www.rileychildrens.org](http://www.rileychildrens.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

UNIVERSITY RETAIL PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **550 N UNIVERSITY BLVD UH 1425**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46202-5149**

PHONE: **317-944-3445**

FAX: **317-948-4346**

WEBSITE: [www.iuhealth.org/find-locations/iu-health-university-retail-pharmacy](http://www.iuhealth.org/find-locations/iu-health-university-retail-pharmacy)

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-116**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **680 TWIN AIRE DRIVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46203-0000**

PHONE: **317-264-1755**

FAX: **317-264-1756**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

HEALTHNET PHARMACY, LLC

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **3401 E RAYMOND ST STE 106**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46203-4744**

PHONE: **463-268-6337**

FAX: **463-271-3900**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-5443**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **4650 SOUTH EMERSON AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46203-5932**

PHONE: **317-783-1484**

FAX: **317-783-1530**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #339**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **227 W MICHIGAN ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46204-1242**

PHONE: **317-262-5267**

FAX: **317-262-3298**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS SPECIALTY PHARMACY #16317**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **335 MASSACHUSETTS AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46204-1950**

PHONE: **317-631-6000**

FAX: **317-631-6004**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #2931**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5199 N KEYSTONE AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46205-1518**

PHONE: **317-257-4845**

FAX: **317-255-3764**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 905**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **8150 ROCKVILLE RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46214-0000**

PHONE: **317-273-1349**

FAX: **317-273-1350**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #12151**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **7235 W 10TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46214-3565**

PHONE: **317-487-9250**

FAX: **317-241-3796**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-993**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **1330 W SOUTHPORT RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46217-0000**

PHONE: **317-884-4250**

FAX: **317-884-4252**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #21381**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **2920 E 38TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46218-0000**

PHONE: **317-545-6167**

FAX: **317-562-1885**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

JANE PAULEY CHC PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5317 E 16TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46218-4897**

PHONE: **317-236-6147**

FAX: **317-899-9957**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ALIVIO PHARMACY, LLC**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **SPANISH, ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **2060 N SHADELAND AVE STE 101**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46219-0000**

PHONE: **317-354-8160**

FAX: **317-354-8162**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #16558**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **1400 N RITTER AVE STE 140**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46219-3045**

PHONE: **317-352-2365**

FAX: **317-355-3115**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #2800**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **8907 EAST 10TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46219-4256**

PHONE: **317-895-0023**

FAX: **317-895-1665**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #13874**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **985 N ARLINGTON AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46219-4510**

PHONE: **317-351-5973**

FAX: **317-351-8781**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-100**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **7101 E 10TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46219-4905**

PHONE: **317-351-3216**

FAX: **317-351-3217**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

GEORGE'S PHARMACY EAST SIDE

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5543 E WASHINGTON ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46219-6448**

PHONE: **317-359-8278**

FAX: **317-359-5939**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-804**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5810 EAST 71ST STREET**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46220-0000**

PHONE: **317-813-1903**

FAX: **317-813-1904**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-86**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **2629 E 65TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46220-1507**

PHONE: **317-252-5333**

FAX: **317-252-5332**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6778**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **6191 N KEYSTONE AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46220-2423**

PHONE: **317-257-6746**

FAX: **317-257-6847**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #290**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5550 N KEYSTONE AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46220-3458**

PHONE: **317-610-2210**

FAX: **317-205-8065**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-110**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **3361 KENTUCKY AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46221-0000**

PHONE: **317-240-1588**

FAX: **317-240-1589**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3142**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **3455 MANN ROAD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46221-2337**

PHONE: **317-487-0722**

FAX: **317-241-1374**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-4054**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **4837 KENTUCKY AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46221-3533**

PHONE: **317-830-4259**

FAX: **317-830-4103**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #2796**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **3003 N KESSLER BLVD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46222-1990**

PHONE: **317-925-3788**

FAX: **317-926-1898**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 500**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5718 CRAWFORDSVILLE RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46224-0000**

PHONE: **317-240-5007**

FAX: **317-240-5008**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-5804**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5835 W 10TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46224-6112**

PHONE: **317-554-8963**

FAX: **317-554-8964**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAMS PHARMACY 10-6304**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5805 ROCKVILLE ROAD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46224-9120**

PHONE: **317-241-1141**

FAX: **317-241-1554**

WEBSITE: **www.samsclub.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-6390**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5550 FALL CREEK PARKWAY N DRIVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46226-1453**

PHONE: **317-614-4051**

FAX: **317-614-4052**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #16557**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **1550 E COUNTY LINE ROAD STE 150**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46227-0990**

PHONE: **317-534-6258**

FAX: **317-887-4665**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #21257**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **902 E HANNA AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46227-1306**

PHONE: **317-780-1990**

FAX: **317-791-8433**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-927**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **4202 S EAST ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46227-1416**

PHONE: **317-781-4258**

FAX: **317-781-4260**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5804**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **455 EAST EPLER AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46227-1902**

PHONE: **317-788-6671**

FAX: **317-788-6716**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WINDROSE RX - EPLER PARKE**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, BURMESE**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5550 S EAST ST STE G**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46227-1991**

PHONE: **317-434-0736**

FAX: **317-434-0772**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-5408**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **3805 SOUTH KEYSTONE AVENUE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46227-3540**

PHONE: **317-786-3820**

FAX: **317-786-3924**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY CE992**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5911 S MADISON AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46227-4726**

PHONE: **317-791-3545**

FAX: **317-791-3547**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**AFFORDABLE RX HEALTH MART PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **1635 E. SOUTHPORT RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46227-5213**

PHONE: **317-879-5514**

FAX: **317-534-3776**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1459**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **7245 US HWY 31 SOUTH**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46227-8538**

PHONE: **317-888-4048**

FAX: **317-888-4917**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-4053**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5555 MICHIGAN RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46228-2219**

PHONE: **317-287-0427**

FAX: **317-287-0428**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 945**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **10450 E WASHINGTON ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46229-0000**

PHONE: **317-895-2247**

FAX: **317-895-2249**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #131**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **11351 E WASHINGTON ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46229-0000**

PHONE: **317-894-6710**

FAX: **317-894-6765**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1580**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **10617 E. WASHINGTON ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46229-2611**

PHONE: **317-895-0316**

FAX: **317-895-9236**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**EAGLE HIGHLAND PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **9010 CRAWFORDSVILLE RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46234-1516**

PHONE: **317-299-3771**

FAX: **866-828-4069**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7031**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **9240 ROCKVILLE RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46234-2558**

PHONE: **317-209-1047**

FAX: **317-209-1058**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 862**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **11101 PENDELTON PIKE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46236-0000**

PHONE: **317-823-3245**

FAX: **317-823-3247**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5978**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **11020 PENDLETON PIKE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46236-2817**

PHONE: **317-826-3903**

FAX: **317-826-4515**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5718**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **10845 E 79TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46236-8919**

PHONE: **317-826-8790**

FAX: **317-826-8927**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY CE 894**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **8745 S EMERSON AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46237-0000**

PHONE: **317-884-3325**

FAX: **317-884-3327**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY CE 995**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5350 E THOMPSON RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46237-0000**

PHONE: **317-781-3566**

FAX: **317-781-3567**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**MEIJER PHARMACY #134**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **MARION**

ADDRESS: **5325 E SOUTHPORT RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46237-0000**

PHONE: **317-859-2210**

FAX: **317-859-2265**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3609**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5095 E THOMPSON RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46237-1946**

PHONE: **317-783-6547**

FAX: **317-791-8449**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

FRANCISCAN OUTPATIENT PHARMACY - INDIANAPOLIS

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **8111 SOUTH EMERSON AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46237-8601**

PHONE: **317-528-6700**

FAX: **317-528-6701**

WEBSITE: **[www.franciscanhealth.org](http://www.franciscanhealth.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**COSTCO PHARMACY #1227**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **4628 E COUNTY LINE RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46237-9105**

PHONE: **317-360-7086**

FAX: **317-360-7077**

WEBSITE: **www.costco.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10487**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **6745 E SOUTHPORT RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46237-9728**

PHONE: **317-887-0691**

FAX: **317-887-0970**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-998**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **1365 E 86TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46240-1909**

PHONE: **317-368-5230**

FAX: **317-396-5235**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3363**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **1505 E 86TH STREET**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46240-2392**

PHONE: **317-254-9206**

FAX: **317-255-5219**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2787**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **7325 NORTH KEYSTONE AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46240-3245**

PHONE: **317-202-9731**

FAX: **317-202-9734**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-066**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5173 W WASHINGTON ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46241-2205**

PHONE: **317-381-9659**

FAX: **317-381-9678**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3442**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **7506 N SHADELAND AVE**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46250-2066**

PHONE: **317-595-8964**

FAX: **317-598-9651**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAMS PHARMACY 10-8168**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **7235 EAST 96TH STREET**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46250-3308**

PHONE: **317-585-9387**

FAX: **317-585-9404**

WEBSITE: **www.samsclub.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**COSTCO PHARMACY #346**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **6110 E 86TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46250-3507**

PHONE: **317-558-1452**

FAX: **317-558-1473**

WEBSITE: **www.costco.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #129**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5349 PIKE PLAZA ROAD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46254-0000**

PHONE: **317-387-2410**

FAX: **317-387-2415**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-3781**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **4545 LAFAYETTE ROAD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46254-2033**

PHONE: **317-328-0401**

FAX: **317-328-0524**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #15116**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5580 GEORGETOWN RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46254-3710**

PHONE: **317-297-1777**

FAX: **317-297-1870**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-965**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **9835 FALL CREEK RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46256-0000**

PHONE: **317-577-3486**

FAX: **317-577-3487**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #154**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **8375 E 96TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46256-0000**

PHONE: **317-585-2410**

FAX: **317-585-2465**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #16559**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **7120 CLEARVISTA DR SUITE 1900**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46256-4643**

PHONE: **317-621-5273**

FAX: **317-621-5447**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #989**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **8130 E SOUTHPORT RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46259-6806**

PHONE: **317-245-4454**

FAX: **317-245-4455**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ASCENSION RX 1503**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **2001 W 86TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46260-1991**

PHONE: **317-338-3950**

FAX: **317-338-9837**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

COMMUNITY, A WALGREENS PHARMACY #15323

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **9002 N MERIDIAN ST STE 213**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46260-5350**

PHONE: **317-587-7400**

FAX: **317-587-7410**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-906**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **2550 LAKE CIRCLE DR**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46268-0000**

PHONE: **317-879-2465**

FAX: **317-879-2466**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-962**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5025 W 71ST STREET**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46268-0000**

PHONE: **317-347-8488**

FAX: **317-347-8489**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11248**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **3545 W 86TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46268-1930**

PHONE: **317-228-0419**

FAX: **317-228-0497**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**COSTCO PHARMACY #347**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **9010 MICHIGAN RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46268-3184**

PHONE: **317-532-1607**

FAX: **317-532-1628**

WEBSITE: **www.costco.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1518**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **3221 WEST 86TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46268-3606**

PHONE: **317-876-9724**

FAX: **317-876-0152**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-3529**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **10735 PENDLETON PIKE**

CITY: **LAWRENCE**

STATE: **IN**

ZIP CODE: **46236-2838**

PHONE: **317-823-1819**

FAX: **317-823-1855**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ESKENAZI HEALTH PHARMACY JAMES WRIGHT BUILDING**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **1700 N ILLINOIS ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46202-0000**

PHONE: **317-941-5002**

FAX: **317-941-5024**

WEBSITE: **[www.eskenazihealth.edu](http://www.eskenazihealth.edu)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **CLINIC PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ESKENAZI HEALTH PHARMACY BLACKBURN**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **2700 DR MARTIN LUTHER KING JR ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46208-0000**

PHONE: **317-931-4313**

FAX: **317-931-4344**

WEBSITE: **[www.eskenazihealth.edu](http://www.eskenazihealth.edu)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **CLINIC PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ESKENAZI HEALTH PHARMACY NORTH ARLINGTON**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **2505 N ARLINGTON**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46219-0000**

PHONE: **317-554-5220**

FAX: **317-554-5287**

WEBSITE: **[www.eskenazihealth.edu](http://www.eskenazihealth.edu)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **CLINIC PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ESKENAZI HEALTH PHARMACY WESTSIDE**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **2732 W MICHIGAN ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46222-0000**

PHONE: **317-554-4638**

FAX: **317-554-4660**

WEBSITE: **[www.eskenazihealth.edu](http://www.eskenazihealth.edu)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **CLINIC PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ESKENAZI HEALTH PHARMACY FOREST MANOR**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **3840 N SHERMAN DR**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46226-0000**

PHONE: **317-541-3458**

FAX: **317-541-3418**

WEBSITE: **[www.eskenazihealth.edu](http://www.eskenazihealth.edu)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **CLINIC PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ESKENAZI HEALTH PHARMACY GRASSY CREEK**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **9443 E 38TH ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46235-2132**

PHONE: **317-890-2123**

FAX: **317-890-2122**

WEBSITE: **[www.eskenazihealth.edu](http://www.eskenazihealth.edu)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **CLINIC PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ESKENAZI HEALTH PHARMACY WEST 38TH STREET**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **5515 W 38TH ST STE 1200**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46254-2919**

PHONE: **317-880-0100**

FAX: **317-880-0298**

WEBSITE: **[www.eskenazihealth.edu](http://www.eskenazihealth.edu)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **CLINIC PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

DR AZIZ PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, ARABIC, SPANISH, PUNJABI, URDU**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **7320 E 82ND ST**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46256-1487**

PHONE: **317-842-5771**

FAX: **317-842-5953**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMPOUNDING PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

INDIANA HEMOPHILIA & THROMBOSIS CENTER

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **8326 NAAB RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46260-0000**

PHONE: **317-829-7778**

FAX: **317-829-7783**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

INDIANA HEMOPHILIA AND THROMBOSIS CENTER INC

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **8326 NAAB RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46260-1920**

PHONE: **317-829-7778**

FAX: **317-829-7783**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ESKENAZI HEALTH PHARMACY PECAR**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARION**

ADDRESS: **6940 N MICHIGAN RD**

CITY: **INDIANAPOLIS**

STATE: **IN**

ZIP CODE: **46268-0000**

PHONE: **317-266-2951**

FAX: **317-266-2942**

WEBSITE: **[www.eskenazihealth.edu](http://www.eskenazihealth.edu)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **CLINIC PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-963**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARSHALL**

ADDRESS: **2001 NORTH MICHIGAN**

CITY: **PLYMOUTH**

STATE: **IN**

ZIP CODE: **46563-0000**

PHONE: **574-936-1980**

FAX: **574-936-1983**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2322**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARSHALL**

ADDRESS: **865 E JEFFERSON**

CITY: **PLYMOUTH**

STATE: **IN**

ZIP CODE: **46563-0000**

PHONE: **574-936-7334**

FAX: **866-528-5774**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9100**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARSHALL**

ADDRESS: **2014 N MICHIGAN ST**

CITY: **PLYMOUTH**

STATE: **IN**

ZIP CODE: **46563-1048**

PHONE: **574-936-8388**

FAX: **574-936-7807**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1978**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARSHALL**

ADDRESS: **2505 NORTH OAK ROAD**

CITY: **PLYMOUTH**

STATE: **IN**

ZIP CODE: **46563-3410**

PHONE: **574-935-9006**

FAX: **574-935-9008**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WILLIAMS BROS HEALTH CARE PHARMACY INC**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARTIN**

ADDRESS: **104 E BROADWAY ST**

CITY: **LOOGOOTEE**

STATE: **IN**

ZIP CODE: **47553-0000**

PHONE: **812-295-4370**

FAX: **812-295-4383**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 902**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MIAMI**

ADDRESS: **930 WEST MAIN STREET**

CITY: **PERU**

STATE: **IN**

ZIP CODE: **46970-0000**

PHONE: **765-473-2076**

FAX: **765-473-2077**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9827**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MIAMI**

ADDRESS: **720 N BROADWAY**

CITY: **PERU**

STATE: **IN**

ZIP CODE: **46970-1027**

PHONE: **765-473-5542**

FAX: **765-473-3870**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-928**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONROE**

ADDRESS: **1175 COLLEGE MALL RD**

CITY: **BLOOMINGTON**

STATE: **IN**

ZIP CODE: **47401-0000**

PHONE: **812-333-5760**

FAX: **812-323-4305**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J900**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONROE**

ADDRESS: **4025 S OLD STATE RD 37**

CITY: **BLOOMINGTON**

STATE: **IN**

ZIP CODE: **47401-0000**

PHONE: **812-803-7250**

FAX: **812-803-7251**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-91**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONROE**

ADDRESS: **528 SOUTH COLLEGE**

CITY: **BLOOMINGTON**

STATE: **IN**

ZIP CODE: **47403-0000**

PHONE: **812-336-5118**

FAX: **812-323-4303**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-960**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONROE**

ADDRESS: **500 S LIBERTY DR**

CITY: **BLOOMINGTON**

STATE: **IN**

ZIP CODE: **47403-0000**

PHONE: **812-349-1392**

FAX: **812-349-1393**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PHARMACY 1 EXPRESS**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONROE**

ADDRESS: **730 W 2ND ST**

CITY: **BLOOMINGTON**

STATE: **IN**

ZIP CODE: **47403-2210**

PHONE: **812-331-7979**

FAX: **812-339-4988**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WILLIAMS BROS HEALTH CARE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONROE**

ADDRESS: **574 S LANDMARK AVE**

CITY: **BLOOMINGTON**

STATE: **IN**

ZIP CODE: **47403-3239**

PHONE: **812-335-0000**

FAX: **812-257-2592**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAMS PHARMACY 10-6437**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONROE**

ADDRESS: **3205 W STATE ROAD 45**

CITY: **BLOOMINGTON**

STATE: **IN**

ZIP CODE: **47403-5107**

PHONE: **812-333-8903**

FAX: **812-333-8906**

WEBSITE: **www.samsclub.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1991**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONROE**

ADDRESS: **3313 W STATE ROAD 45**

CITY: **BLOOMINGTON**

STATE: **IN**

ZIP CODE: **47403-5123**

PHONE: **812-335-0060**

FAX: **812-337-0241**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #330**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONROE**

ADDRESS: **1825 N KINSER PIKE**

CITY: **BLOOMINGTON**

STATE: **IN**

ZIP CODE: **47404-1914**

PHONE: **812-335-6770**

FAX: **812-335-6769**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

IU HEALTH BLOOMINGTON RETAIL PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONROE**

ADDRESS: **2651 E. DISCOVERY PKWY STE A2032**

CITY: **BLOOMINGTON**

STATE: **IN**

ZIP CODE: **47408-9059**

PHONE: **812-353-9860**

FAX: **812-353-9335**

WEBSITE: **[www.iuhealth.org](http://www.iuhealth.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #948**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONTGOMERY**

ADDRESS: **1660 CRAWFORDSVILLE SQUARE DR**

CITY: **CRAWFORDSVILLE**

STATE: **IN**

ZIP CODE: **47933-0000**

PHONE: **765-361-3260**

FAX: **765-361-3262**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7736**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONTGOMERY**

ADDRESS: **110 W MARKET ST**

CITY: **CRAWFORDSVILLE**

STATE: **IN**

ZIP CODE: **47933-1722**

PHONE: **765-361-9445**

FAX: **765-361-5916**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1655**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MONTGOMERY**

ADDRESS: **1835 US HIGHWAY 231 SOUTH**

CITY: **CRAWFORDSVILLE**

STATE: **IN**

ZIP CODE: **47933-9424**

PHONE: **765-362-5971**

FAX: **765-362-5973**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #204**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MORGAN**

ADDRESS: **10509 HEARTLAND BLVD**

CITY: **CAMBY**

STATE: **IN**

ZIP CODE: **46113-0000**

PHONE: **317-821-6810**

FAX: **317-821-6865**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-4417**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MORGAN**

ADDRESS: **8191 UPLAND BND**

CITY: **CAMBY**

STATE: **IN**

ZIP CODE: **46113-7800**

PHONE: **317-856-9521**

FAX: **317-856-9567**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-907**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MORGAN**

ADDRESS: **1600 SOUTH OHIO ST**

CITY: **MARTINSVILLE**

STATE: **IN**

ZIP CODE: **46151-0000**

PHONE: **765-342-6213**

FAX: **765-342-6851**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7676**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MORGAN**

ADDRESS: **1900 S OHIO ST**

CITY: **MARTINSVILLE**

STATE: **IN**

ZIP CODE: **46151-3322**

PHONE: **765-349-2340**

FAX: **765-349-5646**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1356**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MORGAN**

ADDRESS: **410 GRAND VALLEY BLVD**

CITY: **MARTINSVILLE**

STATE: **IN**

ZIP CODE: **46151-6123**

PHONE: **765-349-1138**

FAX: **765-342-3906**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-921**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MORGAN**

ADDRESS: **530 S INDIANA STREET**

CITY: **MOORESVILLE**

STATE: **IN**

ZIP CODE: **46158-0000**

PHONE: **317-831-9416**

FAX: **317-831-9418**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6455**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MORGAN**

ADDRESS: **115 FIELDS ST**

CITY: **MOORESVILLE**

STATE: **IN**

ZIP CODE: **46158-1492**

PHONE: **317-834-6678**

FAX: **317-834-6853**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #418**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **NOBLE**

ADDRESS: **310 W NORTH ST**

CITY: **KENDALLVILLE**

STATE: **IN**

ZIP CODE: **46755-1003**

PHONE: **260-347-9177**

FAX: **260-343-0979**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11494**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **NOBLE**

ADDRESS: **124 E NORTH ST**

CITY: **KENDALLVILLE**

STATE: **IN**

ZIP CODE: **46755-1124**

PHONE: **260-349-1530**

FAX: **260-349-1936**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1388**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **NOBLE**

ADDRESS: **2501 E NORTH ST.**

CITY: **KENDALLVILLE**

STATE: **IN**

ZIP CODE: **46755-3231**

PHONE: **260-347-2900**

FAX: **260-347-3683**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

ENGLEKING RX

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ORANGE**

ADDRESS: **125 W OLD SHORT ST**

CITY: **MARENGO**

STATE: **IN**

ZIP CODE: **47140-3225**

PHONE: **812-365-0001**

FAX: **812-365-2111**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2563**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ORANGE**

ADDRESS: **735 NORTH GOSPEL STREET**

CITY: **PAOLI**

STATE: **IN**

ZIP CODE: **47454-1419**

PHONE: **812-723-2505**

FAX: **812-723-2465**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WILLIAMS BROS HEALTH CARE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ORANGE**

ADDRESS: **889 N GOSPEL ST SUITE 2**

CITY: **PAOLI**

STATE: **IN**

ZIP CODE: **47454-9217**

PHONE: **812-723-3907**

FAX: **812-257-2592**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-0996**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **OWEN**

ADDRESS: **823 WEST STATE HIGHWAY 46**

CITY: **SPENCER**

STATE: **IN**

ZIP CODE: **47460-6748**

PHONE: **812-829-2289**

FAX: **812-829-6412**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

JR PHARMACY ROCKVILLE LLC 4

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PARKE**

ADDRESS: **1330 N LINCOLN RD**

CITY: **ROCKVILLE**

STATE: **IN**

ZIP CODE: **47872-1215**

PHONE: **765-569-6900**

FAX: **765-569-5797**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1676**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PERRY**

ADDRESS: **730 US HWY 66 EAST**

CITY: **TELL CITY**

STATE: **IN**

ZIP CODE: **47586-2758**

PHONE: **812-547-9950**

FAX: **812-547-8116**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4946**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **580 INDIAN BOUNDARY RD**

CITY: **CHESTERTON**

STATE: **IN**

ZIP CODE: **46304-1515**

PHONE: **219-395-8583**

FAX: **219-395-9692**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**OSCO DRUG #1189**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **747 INDIAN BOUNDARY RD**

CITY: **CHESTERTON**

STATE: **IN**

ZIP CODE: **46304-1518**

PHONE: **219-926-8723**

FAX: **219-983-1930**

WEBSITE: **www.jewelosco.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**WALGREENS #12074**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **PORTER**

ADDRESS: **308 N MAIN ST**

CITY: **HEBRON**

STATE: **IN**

ZIP CODE: **46341-8790**

PHONE: **219-996-2930**

FAX: **219-996-7659**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**NORTHSHORE HEALTH CENTERS- PORTAGE STERLING  
CREEK PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **6050 STERLING CREEK RD**

CITY: **PORTAGE**

STATE: **IN**

ZIP CODE: **46368-0000**

PHONE: **219-763-8950**

FAX: **219-763-8951**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #13949**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **6001 CENTRAL AVE**

CITY: **PORTAGE**

STATE: **IN**

ZIP CODE: **46368-3506**

PHONE: **219-762-8030**

FAX: **219-762-1402**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4560**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **5995 U S HWY 6**

CITY: **PORTAGE**

STATE: **IN**

ZIP CODE: **46368-4945**

PHONE: **219-762-2134**

FAX: **219-762-9376**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2544**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **6087 U.S. HIGHWAY 6**

CITY: **PORTAGE**

STATE: **IN**

ZIP CODE: **46368-5046**

PHONE: **219-759-5811**

FAX: **219-759-4929**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #266**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **6050 US HIGHWAY 6**

CITY: **PORTAGE**

STATE: **IN**

ZIP CODE: **46368-5047**

PHONE: **219-763-0310**

FAX: **219-763-0365**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**VALPARAISO PROFESSIONAL PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **3540 CALUMET AVE**

CITY: **VALPARAISO**

STATE: **IN**

ZIP CODE: **46383-2246**

PHONE: **219-462-1484**

FAX: **219-465-4199**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3680**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **1903 CALUMET AVE**

CITY: **VALPARAISO**

STATE: **IN**

ZIP CODE: **46383-2703**

PHONE: **219-462-6172**

FAX: **219-465-6890**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**GIL DRUGS**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **52 LINCOLNWAY**

CITY: **VALPARAISO**

STATE: **IN**

ZIP CODE: **46383-5574**

PHONE: **219-462-4146**

FAX: **219-464-2578**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**WALGREENS #5241**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **PORTER**

ADDRESS: **252 MORTH LAND DR**

CITY: **VALPARAISO**

STATE: **IN**

ZIP CODE: **46383-6202**

PHONE: **219-464-9776**

FAX: **219-464-3995**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1479**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **2400 MORTH LAND DR**

CITY: **VALPARAISO**

STATE: **IN**

ZIP CODE: **46383-8329**

PHONE: **219-465-1717**

FAX: **219-465-0627**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #297**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **405 PORTERS VALE BLVD**

CITY: **VALPARAISO**

STATE: **IN**

ZIP CODE: **46383-8469**

PHONE: **219-300-8010**

FAX: **219-300-8065**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

HEALTHLINC PHARMACY LLC

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PORTER**

ADDRESS: **1001 N STURDY RD**

CITY: **VALPARAISO**

STATE: **IN**

ZIP CODE: **46383-0000**

PHONE: **219-465-9505**

FAX: **219-465-9519**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **CLINIC PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**CHRIS' PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **POSEY**

ADDRESS: **511 MAIN STREET**

CITY: **NEW HARMONY**

STATE: **IN**

ZIP CODE: **47631-0135**

PHONE: **812-682-3044**

FAX: **812-682-5244**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PULASKI MEMORIAL HOSPITAL COMMUNITY PHARMACY  
FRANCESVILLE**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PULASKI**

ADDRESS: **735 W MONTGOMERY ST**

CITY: **FRANCESVILLE**

STATE: **IN**

ZIP CODE: **47946-8321**

PHONE: **574-946-2593**

FAX: **574-946-2594**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PULASKI MEMORIAL HOSPITAL COMMUNITY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PULASKI**

ADDRESS: **616 E 13TH ST**

CITY: **WINAMAC**

STATE: **IN**

ZIP CODE: **46996-1117**

PHONE: **574-946-2108**

FAX: **574-946-2122**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**CLOVERDALE DRUGS**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PUTNAM**

ADDRESS: **900 N MAIN ST**

CITY: **CLOVERDALE**

STATE: **IN**

ZIP CODE: **46120-0000**

PHONE: **765-795-4100**

FAX: **765-795-5310**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-961**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PUTNAM**

ADDRESS: **821 INDIANAPOLIS RD**

CITY: **GREENCASTLE**

STATE: **IN**

ZIP CODE: **46135-0000**

PHONE: **765-653-1606**

FAX: **765-653-1859**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-0902**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PUTNAM**

ADDRESS: **1750 E INDIANAPOLIS RD**

CITY: **GREENCASTLE**

STATE: **IN**

ZIP CODE: **46135-7448**

PHONE: **765-653-6575**

FAX: **765-653-8915**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KAUP PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **RANDOLPH**

ADDRESS: **366 W DEERFIELD ROAD**

CITY: **UNION CITY**

STATE: **IN**

ZIP CODE: **47390-0000**

PHONE: **765-964-3098**

FAX: **765-964-3093**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1480**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **RANDOLPH**

ADDRESS: **950 EAST GREENVILLE PIKE**

CITY: **WINCHESTER**

STATE: **IN**

ZIP CODE: **47394-8448**

PHONE: **765-584-3028**

FAX: **765-584-2862**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**GEORGE'S FAMILY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **RIPLEY**

ADDRESS: **124 W INDIAN TRAIL, SUITE C**

CITY: **MILAN**

STATE: **IN**

ZIP CODE: **47031-0000**

PHONE: **812-654-6251**

FAX: **812-654-4252**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**GA TRIPLETT & SON**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **RIPLEY**

ADDRESS: **111 N BUCKEYE ST**

CITY: **OSGOOD**

STATE: **IN**

ZIP CODE: **47037-1133**

PHONE: **812-689-4748**

FAX: **812-689-0156**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**GEORGE'S FAMILY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **RIPLEY**

ADDRESS: **326 S. WASHINGTON ST. SUITE 22**

CITY: **VERSAILLES**

STATE: **IN**

ZIP CODE: **47042-0000**

PHONE: **812-689-0200**

FAX: **812-689-0201**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-96**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **RUSH**

ADDRESS: **202 S MAIN STREET**

CITY: **RUSHVILLE**

STATE: **IN**

ZIP CODE: **46173-0000**

PHONE: **765-938-3155**

FAX: **765-938-2182**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**RUSHVILLE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **RUSH**

ADDRESS: **302 N MAIN ST**

CITY: **RUSHVILLE**

STATE: **IN**

ZIP CODE: **46173-1694**

PHONE: **765-932-3328**

FAX: **765-932-3824**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WILLIAMS BROS. HEALTH CARE PHARMACY, INC.**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SCOTT**

ADDRESS: **10 W MAIN ST**

CITY: **AUSTIN**

STATE: **IN**

ZIP CODE: **47102-1304**

PHONE: **812-794-4311**

FAX: **812-257-2592**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1142**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SCOTT**

ADDRESS: **1618 W MCCLAIN AVE**

CITY: **SCOTTSBURG**

STATE: **IN**

ZIP CODE: **47170-1161**

PHONE: **812-752-5589**

FAX: **812-752-5493**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MY TOWN'S PRIME CARE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, GUJARATI, HINDI**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SCOTT**

ADDRESS: **1050 N GARDNER ST**

CITY: **SCOTTSBURG**

STATE: **IN**

ZIP CODE: **47170-7752**

PHONE: **812-722-9025**

FAX: **812-722-9031**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-974**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SHELBY**

ADDRESS: **1601 E MICHIGAN**

CITY: **SHELBYVILLE**

STATE: **IN**

ZIP CODE: **46176-1832**

PHONE: **317-421-2356**

FAX: **317-421-2357**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-0884**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SHELBY**

ADDRESS: **2500 PROGRESS PARKWAY**

CITY: **SHELBYVILLE**

STATE: **IN**

ZIP CODE: **46176-8772**

PHONE: **317-392-4947**

FAX: **317-392-6180**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SHELDONS EXPRESS PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SPENCER**

ADDRESS: **815 SYCAMORE ST**

CITY: **ROCKPORT**

STATE: **IN**

ZIP CODE: **47635-0000**

PHONE: **812-649-2227**

FAX: **812-649-3253**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2316**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **12850 SR 23**

CITY: **GRANGER**

STATE: **IN**

ZIP CODE: **46530-0000**

PHONE: **574-807-8234**

FAX: **866-420-2185**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2325**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **7355 HERITAGE SQUARE DR**

CITY: **GRANGER**

STATE: **IN**

ZIP CODE: **46530-0000**

PHONE: **574-807-8222**

FAX: **866-403-3060**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**COSTCO PHARMACY #1183**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **625 E UNIVERSITY DR**

CITY: **GRANGER**

STATE: **IN**

ZIP CODE: **46530-7381**

PHONE: **574-401-7014**

FAX: **574-401-7005**

WEBSITE: **www.costco.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11544**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **13060 ADAMS RD**

CITY: **GRANGER**

STATE: **IN**

ZIP CODE: **46530-8787**

PHONE: **574-243-5468**

FAX: **574-243-5664**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6965**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **15005 STATE ROUTE 23**

CITY: **GRANGER**

STATE: **IN**

ZIP CODE: **46530-9666**

PHONE: **574-271-2553**

FAX: **574-271-2563**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-938**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **906 S MERRIFIELD AVE**

CITY: **MISHAWAKA**

STATE: **IN**

ZIP CODE: **46544-0000**

PHONE: **574-256-7522**

FAX: **574-256-7524**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2304**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **314 N. IRONWOOD**

CITY: **MISHAWAKA**

STATE: **IN**

ZIP CODE: **46544-0000**

PHONE: **574-254-2323**

FAX: **866-409-6492**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #128**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **3610 S BREMEN HIGHWAY**

CITY: **MISHAWAKA**

STATE: **IN**

ZIP CODE: **46544-0000**

PHONE: **574-254-2510**

FAX: **574-254-2565**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11625**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **4620 LINCOLNWAY E**

CITY: **MISHAWAKA**

STATE: **IN**

ZIP CODE: **46544-4076**

PHONE: **574-257-0438**

FAX: **574-257-0725**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2312**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **306 N BITTERSWEET RD**

CITY: **MISHAWAKA**

STATE: **IN**

ZIP CODE: **46544-4251**

PHONE: **574-968-1313**

FAX: **866-529-4683**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #121**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **5020 GRAPE ROAD**

CITY: **MISHAWAKA**

STATE: **IN**

ZIP CODE: **46545-0000**

PHONE: **574-273-3510**

FAX: **574-273-3565**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2389**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **611 E DOUGLAS RD STE 104**

CITY: **MISHAWAKA**

STATE: **IN**

ZIP CODE: **46545-1464**

PHONE: **574-247-1000**

FAX: **866-417-1466**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9482**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **110 E MCKINLEY AVE**

CITY: **MISHAWAKA**

STATE: **IN**

ZIP CODE: **46545-6217**

PHONE: **574-255-9677**

FAX: **574-257-9772**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**HOMETOWN PHARMACY #48 - MISHAWAKA**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **606 N MAIN ST**

CITY: **MISHAWAKA**

STATE: **IN**

ZIP CODE: **46545-6620**

PHONE: **574-255-2988**

FAX: **574-258-5945**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAMS PHARMACY 10-6315**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **120 INDIAN RIDGE BLVD**

CITY: **MISHAWAKA**

STATE: **IN**

ZIP CODE: **46545-9033**

PHONE: **574-243-8419**

FAX: **574-243-8465**

WEBSITE: **www.samsclub.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2678**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **316 INDIAN RIDGE BLVD**

CITY: **MISHAWAKA**

STATE: **IN**

ZIP CODE: **46545-9034**

PHONE: **574-243-9707**

FAX: **574-243-9709**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

UNIVERSITY OF NOTRE DAME HEALTH CENTER

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **107 ST LIAM HALL**

CITY: **NOTRE DAME**

STATE: **IN**

ZIP CODE: **46556-5693**

PHONE: **574-239-3847**

FAX: **574-232-4839**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEMORIAL HOSPITAL OF SOUTH BEND - TEAM  
PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**  
LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**  
BOARD CERTIFICATION: **N/A**  
HOSPITAL AFFILIATION: **N/A**  
CULTURAL COMPETENCIES: **N/A**  
TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**  
ADDRESS: **707 N. MICHIGAN ST. STE 114**  
CITY: **SOUTH BEND**  
STATE: **IN**  
ZIP CODE: **46601-1068**  
PHONE: **574-647-3534**  
FAX: **574-647-6767**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**  
PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**  
E-PRESCRIPTION: **YES**  
DELIVERY: **NO**  
DRIVE UP WINDOW: **NO**  
COMPOUNDING SVC: **NO**  
PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 903**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **1217 E IRELAND RD**

CITY: **SOUTH BEND**

STATE: **IN**

ZIP CODE: **46614-0000**

PHONE: **574-291-0740**

FAX: **574-299-4314**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2311**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **926 ERSKINE PLAZA**

CITY: **SOUTH BEND**

STATE: **IN**

ZIP CODE: **46614-0000**

PHONE: **574-299-8844**

FAX: **866-528-5767**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3437**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **1010 E IRELAND ROAD**

CITY: **SOUTH BEND**

STATE: **IN**

ZIP CODE: **46614-2665**

PHONE: **574-299-0154**

FAX: **574-299-2840**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-3436**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **700 WEST IRELAND ROAD**

CITY: **SOUTH BEND**

STATE: **IN**

ZIP CODE: **46614-3810**

PHONE: **574-299-1464**

FAX: **574-299-1467**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10184**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **1351 N IRONWOOD DR**

CITY: **SOUTH BEND**

STATE: **IN**

ZIP CODE: **46615-3566**

PHONE: **574-234-5046**

FAX: **574-234-5086**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**THE SOUTH BEND CLINIC PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **211 N EDDY ST**

CITY: **SOUTH BEND**

STATE: **IN**

ZIP CODE: **46617-2808**

PHONE: **574-237-9295**

FAX: **574-239-1554**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-901**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **4526 WESTERN AVE**

CITY: **SOUTH BEND**

STATE: **IN**

ZIP CODE: **46619-0000**

PHONE: **574-239-2480**

FAX: **574-239-2481**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MARTIN'S PHARMACY 2308**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **525 S. MAYFLOWER RD**

CITY: **SOUTH BEND**

STATE: **IN**

ZIP CODE: **46619-0000**

PHONE: **574-334-5200**

FAX: **866-403-3120**

WEBSITE: **[www.martinsgroceriestogo.com/pharmacy](http://www.martinsgroceriestogo.com/pharmacy)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #120**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **3600 NORTH PORTAGE ROAD**

CITY: **SOUTH BEND**

STATE: **IN**

ZIP CODE: **46628-0000**

PHONE: **574-273-3410**

FAX: **574-273-3465**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9220**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **2845 W CLEVELAND RD**

CITY: **SOUTH BEND**

STATE: **IN**

ZIP CODE: **46628-6188**

PHONE: **574-277-1538**

FAX: **574-277-1546**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

UNIVERSITY COMMONS PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, ARABIC**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **6301 UNIVERSITY COMMONS STE 500**

CITY: **SOUTH BEND**

STATE: **IN**

ZIP CODE: **46635-0000**

PHONE: **574-273-2000**

FAX: **574-573-2005**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11085**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **52482 STATE RD 933**

CITY: **SOUTHBEND**

STATE: **IN**

ZIP CODE: **46637-3852**

PHONE: **574-271-0357**

FAX: **574-243-1516**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

HEALTHLINC PHARMACY LLC

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ST JOSEPH**

ADDRESS: **420 W 4TH ST**

CITY: **MISHAWAKA**

STATE: **IN**

ZIP CODE: **46544-1948**

PHONE: **574-307-7685**

FAX: **574-307-7683**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **CLINIC PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7418**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **STARKE**

ADDRESS: **1207 S HEATON ST**

CITY: **KNOX**

STATE: **IN**

ZIP CODE: **46534-2311**

PHONE: **574-772-4529**

FAX: **574-772-7962**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #190**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **STEUBEN**

ADDRESS: **2990 N WAYNE ST**

CITY: **ANGOLA**

STATE: **IN**

ZIP CODE: **46703-0000**

PHONE: **260-668-1110**

FAX: **260-668-1165**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #2467**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **STEUBEN**

ADDRESS: **2012 N WAYNE ST**

CITY: **ANGOLA**

STATE: **IN**

ZIP CODE: **46703-9102**

PHONE: **260-665-5560**

FAX: **260-665-5569**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1709**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **STEUBEN**

ADDRESS: **2016 N WAYNE ST**

CITY: **ANGOLA**

STATE: **IN**

ZIP CODE: **46703-9102**

PHONE: **260-665-7033**

FAX: **260-665-6831**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-0617**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SULLIVAN**

ADDRESS: **757 WEST WOLFE STREET**

CITY: **SULLIVAN**

STATE: **IN**

ZIP CODE: **47882-7116**

PHONE: **812-268-4626**

FAX: **812-268-4731**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PAY LESS PHARMACY J 843**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **2200 GREENBUSH ST**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47904-2342**

PHONE: **765-448-9159**

FAX: **765-448-9184**

WEBSITE: **www.pay-less.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #4371**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **1801 SOUTH ST**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47904-2962**

PHONE: **765-448-1366**

FAX: **765-448-1066**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PARKSIDE PHARMACY INC**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **2200 FERRY ST**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47904-3078**

PHONE: **765-447-1000**

FAX: **765-447-4714**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEDICAP PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **987 SOUTH CREASY LANE**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47905-0000**

PHONE: **765-237-3060**

FAX: **765-250-8586**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**MEIJER PHARMACY #137**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **TIPPECANOE**

ADDRESS: **4901 SR 26 EAST**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47905-0000**

PHONE: **765-449-9210**

FAX: **765-449-9265**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10858**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **130 S CREASY LN**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47905-0749**

PHONE: **765-448-3517**

FAX: **765-448-3549**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1547**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **4205 COMMERCE DRIVE**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47905-3800**

PHONE: **765-446-1278**

FAX: **765-447-8966**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAMS PHARMACY 10-8169**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **3819 SOUTH ST**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47905-4872**

PHONE: **765-449-0575**

FAX: **765-446-0588**

WEBSITE: **www.samsclub.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

FRANCISCAN OUTPATIENT PHARMACY - LAFAYETTE

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **1701 S CREASY LN ROOM 1K71**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47905-4972**

PHONE: **765-428-3550**

FAX: **765-428-3551**

WEBSITE: **[www.franciscanhealth.org](http://www.franciscanhealth.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PAY LESS PHARMACY J-827**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **2513 MAPLE POINT DR**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47905-5157**

PHONE: **765-447-8337**

FAX: **765-447-6223**

WEBSITE: **www.pay-less.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

IU HEALTH ARNETT RETAIL PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **5165 MCCARTY LN**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47905-8764**

PHONE: **765-448-8625**

FAX: **765-448-8190**

WEBSITE: **[www.iuhealth.org](http://www.iuhealth.org)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10974**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **2800 US HIGHWAY 231 S**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47909-2411**

PHONE: **765-471-1013**

FAX: **765-477-6480**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

PAYLESS PHARMACY J-822

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **65 BECK LANE**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47909-2836**

PHONE: **765-474-8269**

FAX: **765-471-9674**

WEBSITE: **www.pay-less.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-3851**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **2347 VETERANS MEMORIAL PKWY S**

CITY: **LAFAYETTE**

STATE: **IN**

ZIP CODE: **47909-9183**

PHONE: **765-477-9391**

FAX: **765-477-9393**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**PAYLESS PHARMACY J 824**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **TIPPECANOE**

ADDRESS: **1032 SAGAMORE PARKWAY W**

CITY: **WEST LAFAYETTE**

STATE: **IN**

ZIP CODE: **47906-1446**

PHONE: **765-464-1456**

FAX: **765-464-8247**

WEBSITE: **www.pay-less.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6456**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **1000 SAGAMORE PKWY W**

CITY: **WEST LAFAYETTE**

STATE: **IN**

ZIP CODE: **47906-1446**

PHONE: **765-497-2300**

FAX: **765-497-2311**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #186**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **2636 US 52 WEST (SAGAMORE PKWY)**

CITY: **WEST LAFAYETTE**

STATE: **IN**

ZIP CODE: **47906-1569**

PHONE: **765-637-4210**

FAX: **765-637-4165**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**CUSTOMPLUS PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **482 W NAVAJO ST STE A**

CITY: **WEST LAFAYETTE**

STATE: **IN**

ZIP CODE: **47906-1940**

PHONE: **765-463-2600**

FAX: **765-463-2601**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2339**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **2801 NORTHWESTERN AVE**

CITY: **WEST LAFAYETTE**

STATE: **IN**

ZIP CODE: **47906-6816**

PHONE: **765-463-0910**

FAX: **765-463-0816**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PURDUE UNIVERSITY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **TIPPECANOE**

ADDRESS: **575 STADIUM MALL DRIVE ROOM 118**

CITY: **WEST LAFAYETTE**

STATE: **IN**

ZIP CODE: **47907-0000**

PHONE: **765-494-1374**

FAX: **765-496-6094**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**LIBERTY MEDICENTER PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **UNION**

ADDRESS: **10 S MAIN ST STE A**

CITY: **LIBERTY**

STATE: **IN**

ZIP CODE: **47353-1341**

PHONE: **765-223-2121**

FAX: **765-223-2029**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-5452**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **2500 N 1ST AVE**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47710-2950**

PHONE: **812-647-9498**

FAX: **812-647-9497**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PAULS PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **3408 N 1ST AVE**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47710-3302**

PHONE: **812-422-8255**

FAX: **812-422-6329**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**WALGREENS #15099**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **VANDERBURGH**

ADDRESS: **4701 N 1ST AVE**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47710-3907**

PHONE: **812-464-3656**

FAX: **812-424-1247**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1341**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **335 S RED BANK RD**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47712-4745**

PHONE: **812-426-1679**

FAX: **812-428-6320**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PAUL'S PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **2345 W FRANKLIN ST**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47712-5172**

PHONE: **812-425-4364**

FAX: **812-425-5399**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9321**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **710 N SAINT JOSEPH AVE**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47712-5557**

PHONE: **812-426-1180**

FAX: **812-421-9914**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-5372**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **3430 TAYLOR AVENUE**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47714-0755**

PHONE: **812-471-4968**

FAX: **812-471-4985**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6151**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **2015 COVERT AVE**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47714-3707**

PHONE: **812-479-7155**

FAX: **812-479-3494**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1263**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **401 N BURKHARDT RD.**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47715-2733**

PHONE: **812-474-1715**

FAX: **812-477-8442**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAMS PHARMACY 10-8123**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **6700 E VIRGINIA ST**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47715-4034**

PHONE: **812-473-5892**

FAX: **812-473-5983**

WEBSITE: **www.samsclub.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6152**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **925 S GREEN RIVER RD**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47715-4107**

PHONE: **812-474-0055**

FAX: **812-474-0982**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PAUL'S PHARMACY EAST**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **1150 S GREEN RIVER RD**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47715-6807**

PHONE: **812-962-3500**

FAX: **812-962-3510**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #287**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **2622 MENARDS DR**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47715-8075**

PHONE: **812-647-2210**

FAX: **812-647-2165**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #10939**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **4828 DAVIS LANT DR**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47715-8919**

PHONE: **812-475-9541**

FAX: **812-475-9636**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**COSTCO PHARMACY #1331**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **1201 CROSS POINTE PL**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47715-9168**

PHONE: **812-909-6582**

FAX: **812-909-6573**

WEBSITE: **www.costco.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

DEACONESS FAMILY PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VANDERBURGH**

ADDRESS: **600 MARY STREET**

CITY: **EVANSVILLE**

STATE: **IN**

ZIP CODE: **47747-0000**

PHONE: **812-450-3784**

FAX: **812-450-3781**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

JR PHARMACY LLC NO 5

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VERMILLION**

ADDRESS: **703 W PARK ST**

CITY: **CAYUGA**

STATE: **IN**

ZIP CODE: **47928-8207**

PHONE: **765-487-0500**

FAX: **765-492-8151**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1013**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VERMILLION**

ADDRESS: **1795 EAST STATE ROAD 163**

CITY: **CLINTON**

STATE: **IN**

ZIP CODE: **47842-7327**

PHONE: **765-832-3539**

FAX: **765-832-7243**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

JR PHARMACY LLC 2

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **15 SOUTHLAND SHOPPING CENTER**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47802-0000**

PHONE: **812-232-6655**

FAX: **812-232-6588**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-987**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **4714 S US HWY 41**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47802-0000**

PHONE: **812-232-8379**

FAX: **812-232-8472**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MED-PHARM PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **2723 SOUTH 7TH STREET SUITE N**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47802-0000**

PHONE: **812-232-2086**

FAX: **812-234-9103**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7443**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **3603 S US 41**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47802-4103**

PHONE: **812-235-4864**

FAX: **812-234-1576**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SAMS PHARMACY 10-8135**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **4350 S US HIGHWAY 41**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47802-4407**

PHONE: **812-238-5572**

FAX: **812-238-5462**

WEBSITE: **www.samsclub.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1310**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **5555 S US HWY 41**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47802-4715**

PHONE: **812-299-2210**

FAX: **812-299-8537**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J981**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **2650 WABASH AVE**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47803-0000**

PHONE: **812-235-7326**

FAX: **812-235-7242**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

JR SCRIPTS PHARMACY NO 1 LLC

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **2902 POPLAR ST**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47803-2661**

PHONE: **812-478-1006**

FAX: **812-478-9296**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #285**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **5600 E NEW MARGARET AVE.**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47803-9226**

PHONE: **812-233-6310**

FAX: **812-233-6265**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-4235**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **2399 SOUTH STATE ROAD 46**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47803-9306**

PHONE: **812-872-2533**

FAX: **812-872-2535**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**VIGO HEALTH PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, HINDI, GUJARATI**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **1635 N 3RD ST**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47804-4044**

PHONE: **812-231-1040**

FAX: **812-231-1044**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 911**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **2140 FT HARRISON RD**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47805-0000**

PHONE: **812-466-6545**

FAX: **812-466-5248**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9711**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **2040 LAFAYETTE AVE**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47805-2920**

PHONE: **812-466-7536**

FAX: **812-466-7854**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3486**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **1300 WABASH AVENUE**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47807-3314**

PHONE: **812-234-5147**

FAX: **812-232-1274**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**UAP CLINIC PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **1429 N 6TH ST**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47807-4214**

PHONE: **812-242-3855**

FAX: **812-242-3428**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

JR PHARMACY POPLAR LLC

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **1101 POPLAR ST**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47807-4565**

PHONE: **812-235-7373**

FAX: **812-478-0459**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

JR PHARMACY LLC 6

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **607 W NATIONAL AVE**

CITY: **WEST TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47885-1303**

PHONE: **812-702-8920**

FAX: **812-244-1439**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

UNION HOSPITAL SPECIALTY PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VIGO**

ADDRESS: **1606 N 7TH ST STE 100**

CITY: **TERRE HAUTE**

STATE: **IN**

ZIP CODE: **47804-2706**

PHONE: **812-238-4777**

FAX: **812-238-7589**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WEBB'S FAMILY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WABASH**

ADDRESS: **103 N HEETER ST**

CITY: **NORTH MANCHESTER**

STATE: **IN**

ZIP CODE: **46962-1956**

PHONE: **260-982-1000**

FAX: **260-306-5600**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-875**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WABASH**

ADDRESS: **1309 N CASS ST**

CITY: **WABASH**

STATE: **IN**

ZIP CODE: **46992-0000**

PHONE: **260-563-1612**

FAX: **260-563-6053**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1667**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WABASH**

ADDRESS: **1601 N CASS ST**

CITY: **WABASH**

STATE: **IN**

ZIP CODE: **46992-9404**

PHONE: **260-563-4033**

FAX: **260-563-3423**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-0566**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WARRICK**

ADDRESS: **1115 AMERICAN WAY**

CITY: **BOONVILLE**

STATE: **IN**

ZIP CODE: **47601-8604**

PHONE: **812-897-0089**

FAX: **812-897-0023**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

DEACONESS FAMILY PHARMACY GW

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WARRICK**

ADDRESS: **4209 GATEWAY BLVD.**

CITY: **NEWBURGH**

STATE: **IN**

ZIP CODE: **47630-0000**

PHONE: **812-450-3784**

FAX: **812-842-4744**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7058**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WARRICK**

ADDRESS: **7769 W STATE RT 66**

CITY: **NEWBURGH**

STATE: **IN**

ZIP CODE: **47630-2544**

PHONE: **812-853-5339**

FAX: **812-853-2075**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-5728**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WARRICK**

ADDRESS: **8599 HIGH POINTE DR**

CITY: **NEWBURGH**

STATE: **IN**

ZIP CODE: **47630-7938**

PHONE: **812-842-2791**

FAX: **812-842-2809**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #17009**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WASHINGTON**

ADDRESS: **803 SOUTH MAIN STREET**

CITY: **SALEM**

STATE: **IN**

ZIP CODE: **47167-1043**

PHONE: **812-883-1023**

FAX: **812-883-1869**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**GOOD LIVING PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WASHINGTON**

ADDRESS: **1201 N JIM DAY RD STE B SUITE B**

CITY: **SALEM**

STATE: **IN**

ZIP CODE: **47167-7219**

PHONE: **812-404-4153**

FAX: **812-404-4160**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-7087**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WASHINGTON**

ADDRESS: **1309 E HACKBERRY ST**

CITY: **SALEM**

STATE: **IN**

ZIP CODE: **47167-9604**

PHONE: **812-883-8722**

FAX: **812-883-7814**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEDICENTER ALTERNATE CARE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WAYNE**

ADDRESS: **100 W. MAIN STREET**

CITY: **CAMBRIDGE CITY**

STATE: **IN**

ZIP CODE: **47327-0000**

PHONE: **765-334-8331**

FAX: **765-334-8346**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-914**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WAYNE**

ADDRESS: **3701 E NATIONAL RD E**

CITY: **RICHMOND**

STATE: **IN**

ZIP CODE: **47374-0000**

PHONE: **765-935-2074**

FAX: **765-962-3049**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #155**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WAYNE**

ADDRESS: **2507 CHESTER BLVD**

CITY: **RICHMOND**

STATE: **IN**

ZIP CODE: **47374-0000**

PHONE: **765-939-4410**

FAX: **765-939-4465**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PHILLIPS DRUGS EAST**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WAYNE**

ADDRESS: **1626 EAST MAIN**

CITY: **RICHMOND**

STATE: **IN**

ZIP CODE: **47374-0000**

PHONE: **765-966-2225**

FAX: **765-966-4362**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9128**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WAYNE**

ADDRESS: **3700 NATIONAL RD E**

CITY: **RICHMOND**

STATE: **IN**

ZIP CODE: **47374-3643**

PHONE: **765-935-2760**

FAX: **765-966-1519**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**PHILLIPS DRUGS**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WAYNE**

ADDRESS: **631 E MAIN ST**

CITY: **RICHMOND**

STATE: **IN**

ZIP CODE: **47374-4330**

PHONE: **765-966-5544**

FAX: **765-966-1497**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1745**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WAYNE**

ADDRESS: **3601 EAST MAIN ST**

CITY: **RICHMOND**

STATE: **IN**

ZIP CODE: **47374-5934**

PHONE: **765-935-9078**

FAX: **765-935-9081**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MERIDIAN HEALTH RX - RICHMOND**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WAYNE**

ADDRESS: **520 S 9TH ST SUITE A**

CITY: **RICHMOND**

STATE: **IN**

ZIP CODE: **47374-6230**

PHONE: **765-259-3032**

FAX: **765-200-4884**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7472**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WELLS**

ADDRESS: **1975 N MAIN ST**

CITY: **BLUFFTON**

STATE: **IN**

ZIP CODE: **46714-1182**

PHONE: **260-824-1643**

FAX: **260-824-3980**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2819**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WELLS**

ADDRESS: **2100 NORTH MAIN STREET**

CITY: **BLUFFTON**

STATE: **IN**

ZIP CODE: **46714-1185**

PHONE: **260-824-0546**

FAX: **260-824-1048**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J 138**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WHITE**

ADDRESS: **916 N MAIN ST**

CITY: **MONTICELLO**

STATE: **IN**

ZIP CODE: **47960-0000**

PHONE: **574-583-4489**

FAX: **574-583-2537**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2771**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WHITE**

ADDRESS: **1088 WEST BROADWAY ST**

CITY: **MONTICELLO**

STATE: **IN**

ZIP CODE: **47960-1816**

PHONE: **574-583-3250**

FAX: **574-583-5438**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY J-874**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WHITLEY**

ADDRESS: **621 COUNTRYSIDE DRIVE**

CITY: **COLUMBIA CITY**

STATE: **IN**

ZIP CODE: **46725-0000**

PHONE: **260-248-4572**

FAX: **260-248-4573**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1425**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WHITLEY**

ADDRESS: **402 WEST PLAZA DRIVE**

CITY: **COLUMBIA CITY**

STATE: **IN**

ZIP CODE: **46725-1051**

PHONE: **260-244-4400**

FAX: **260-244-4708**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7907**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WHITLEY**

ADDRESS: **535 N LINE ST**

CITY: **COLUMBIA CITY**

STATE: **IN**

ZIP CODE: **46725-1229**

PHONE: **260-244-5491**

FAX: **260-244-5284**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #06564**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **522 TORRENCE AVE**

CITY: **CALUMET CITY**

STATE: **IL**

ZIP CODE: **60409-3216**

PHONE: **708-868-5669**

FAX: **708-868-5694**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #13974**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **225 E CHICAGO AVE STE 03110**

CITY: **CHICAGO**

STATE: **IL**

ZIP CODE: **60611-2991**

PHONE: **312-573-2287**

FAX: **312-573-2424**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #15525**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **201 E HURON STREET STE 01-210**

CITY: **CHICAGO**

STATE: **IL**

ZIP CODE: **60611-3578**

PHONE: **312-951-1084**

FAX: **312-951-1227**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**AMBER SPECIALTY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **SPANISH, ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **1 EAST ERIE STREET**

CITY: **CHICAGO**

STATE: **IL**

ZIP CODE: **60611-4756**

PHONE: **888-370-1724**

FAX: **402-896-3774**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #13106**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **11801 S AVENUE O**

CITY: **CHICAGO**

STATE: **IL**

ZIP CODE: **60617-7334**

PHONE: **773-731-2147**

FAX: **773-731-2755**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

COMMUNITY, A WALGREENS PHARMACY #15305

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **912 W BELMONT AVE**

CITY: **CHICAGO**

STATE: **IL**

ZIP CODE: **60657-7679**

PHONE: **773-665-8990**

FAX: **773-665-9766**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #265**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **9200 S WESTERN AVE**

CITY: **EVERGREEN PARK**

STATE: **IL**

ZIP CODE: **60805-2500**

PHONE: **708-499-8110**

FAX: **708-499-8165**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #280**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **3800 VOLLMER RD**

CITY: **FLOSSMOOR**

STATE: **IL**

ZIP CODE: **60422-1274**

PHONE: **708-991-1610**

FAX: **708-206-3065**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ARISTACARE HEALTH**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **1056 W GOLF RD**

CITY: **HOFFMAN ESTATES**

STATE: **IL**

ZIP CODE: **60169-1340**

PHONE: **847-490-3995**

FAX: **847-490-3793**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #05126**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **3564 RIDGE RD**

CITY: **LANSING**

STATE: **IL**

ZIP CODE: **60438-3315**

PHONE: **708-895-7937**

FAX: **708-895-2697**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #1504**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **10639 S CICERO AVE**

CITY: **OAK LAWN**

STATE: **IL**

ZIP CODE: **60453-5269**

PHONE: **708-424-3594**

FAX: **708-424-0756**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #262**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **15701 71ST COURT**

CITY: **ORLAND PARK**

STATE: **IL**

ZIP CODE: **60462-0000**

PHONE: **708-342-9910**

FAX: **708-342-9965**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #09924**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **390 E 162ND ST**

CITY: **SOUTH HOLLAND**

STATE: **IL**

ZIP CODE: **60473-2141**

PHONE: **708-339-7799**

FAX: **708-339-3856**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**AHF PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **3311 N HALSTED ST**

CITY: **CHICAGO**

STATE: **IL**

ZIP CODE: **60657-2412**

PHONE: **773-435-9583**

FAX: **844-587-9598**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ORSINI PHARMACEUTICAL SERVICES LLC**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **SPANISH, TAGALOG, POLISH, CHINESE, RUSSIAN**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COOK**

ADDRESS: **1107 NICHOLAS BLVD**

CITY: **ELK GROVE VILLAGE**

STATE: **IL**

ZIP CODE: **60007-0000**

PHONE: **847-734-7373**

FAX: **847-734-1822**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

ACCREDITED HEALTH GROUP INC

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **SPANISH, ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DUPAGE**

ADDRESS: **650 W GRAND AVE STE 102**

CITY: **ELMHURST**

STATE: **IL**

ZIP CODE: **60126-1024**

PHONE: **630-279-7390**

FAX: **630-279-8464**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2934**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **EDGAR**

ADDRESS: **15150 US HWY 150**

CITY: **PARIS**

STATE: **IL**

ZIP CODE: **61944-0000**

PHONE: **217-466-5818**

FAX: **217-466-5819**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEDICENTER PHARMACY DUQUOIN**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PERRY**

ADDRESS: **204 S WASHINGTON ST**

CITY: **DU QUOIN**

STATE: **IL**

ZIP CODE: **62832-0000**

PHONE: **618-542-2575**

FAX: **618-542-3688**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #269**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VERMILION**

ADDRESS: **3649 N VERMILION ST**

CITY: **DANVILLE**

STATE: **IL**

ZIP CODE: **61832-1118**

PHONE: **217-655-7210**

FAX: **217-655-7265**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #12787**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VERMILION**

ADDRESS: **400 W FAIRCHILD ST**

CITY: **DANVILLE**

STATE: **IL**

ZIP CODE: **61832-3841**

PHONE: **217-442-7388**

FAX: **217-442-2695**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2491**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **VERMILION**

ADDRESS: **4101 N VERMILION SUITE A**

CITY: **DANVILLE**

STATE: **IL**

ZIP CODE: **61834-0000**

PHONE: **217-443-9587**

FAX: **217-443-9553**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #151**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BOONE**

ADDRESS: **4990 HOUSTON RD**

CITY: **FLORENCE**

STATE: **KY**

ZIP CODE: **41042-0000**

PHONE: **859-746-6310**

FAX: **859-746-6365**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #19331**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DAVISS**

ADDRESS: **1921 WEST PARRISH AVENUE**

CITY: **OWENSBORO**

STATE: **KY**

ZIP CODE: **42301-3542**

PHONE: **270-683-0223**

FAX: **270-683-7454**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## **PHARMACY NAME**

**WALGREENS #7657**

## **PHARMACY INFORMATION**

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## **CATEGORY**

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## **LOCATION INFORMATION**

COUNTY: **DAVISS**

ADDRESS: **2318 FREDERICA ST**

CITY: **OWENSBORO**

STATE: **KY**

ZIP CODE: **42301-4826**

PHONE: **270-686-7873**

FAX: **270-686-7864**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #11198**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DAVISS**

ADDRESS: **3312 STATE ROUTE 54**

CITY: **OWENSBORO**

STATE: **KY**

ZIP CODE: **42303-2121**

PHONE: **270-683-6422**

FAX: **270-683-7588**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**NORTON PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **200 E CHESTNUT ST**

CITY: **LOUISVILLE**

STATE: **KY**

ZIP CODE: **40202-1831**

PHONE: **502-629-3800**

FAX: **502-629-3805**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #16372**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **532 S 4TH ST STE 532**

CITY: **LOUISVILLE**

STATE: **KY**

ZIP CODE: **40202-2553**

PHONE: **502-434-3122**

FAX: **502-434-3123**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

UNIVERSITY OF LOUISVILLE HOSPITAL ACB PHARMACY

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **530 S JACKSON ST**

CITY: **LOUISVILLE**

STATE: **KY**

ZIP CODE: **40202-3611**

PHONE: **502-562-3571**

FAX: **502-562-3354**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-5417**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **175 OUTER LOOP**

CITY: **LOUISVILLE**

STATE: **KY**

ZIP CODE: **40214-5544**

PHONE: **502-361-8299**

FAX: **502-361-8908**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ST. MATTHEWS COMMUNITY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **200 N HURSTBOURNE PKWY STE 174**

CITY: **LOUISVILLE**

STATE: **KY**

ZIP CODE: **40222-0000**

PHONE: **502-690-4462**

FAX: **502-690-4466**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #164**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **4100 TOWNE CENTER ROAD**

CITY: **LOUISVILLE**

STATE: **KY**

ZIP CODE: **40241-0000**

PHONE: **502-326-5210**

FAX: **502-326-5265**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**NORTON PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **4960 NORTON HEALTHCARE BLVD**

CITY: **LOUISVILLE**

STATE: **KY**

ZIP CODE: **40241-0000**

PHONE: **502-446-8800**

FAX: **502-446-8805**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #162**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **9905 DIXIE HIGHWAY**

CITY: **LOUISVILLE**

STATE: **KY**

ZIP CODE: **40272-0000**

PHONE: **502-995-2110**

FAX: **502-995-2165**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

## **RX ALTERNATIVES**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **9813 MERIONETH DR.**

CITY: **LOUISVILLE**

STATE: **KY**

ZIP CODE: **40299-0000**

PHONE: **502-410-0146**

FAX: **866-263-2295**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**NORTON SPECIALTY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **JEFFERSON**

ADDRESS: **2700 STNALEY GAULT PARKWAY STE 103**

CITY: **LOUISVILLE**

STATE: **KY**

ZIP CODE: **40223-0000**

PHONE: **502-559-1310**

FAX: **502-559-1305**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ST ELIZABETH HEALTHCARE CANCER CARE RETAIL  
PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KENTON**

ADDRESS: **1 MEDICAL VILLAGE DR**

CITY: **EDGEWOOD**

STATE: **KY**

ZIP CODE: **41017-3403**

PHONE: **859-301-4510**

FAX: **859-301-4927**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #3364**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BERRIEN**

ADDRESS: **907 S 11TH ST**

CITY: **NILES**

STATE: **MI**

ZIP CODE: **49120-3402**

PHONE: **269-683-0234**

FAX: **269-683-6795**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2010**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BERRIEN**

ADDRESS: **2107 S 11TH ST**

CITY: **NILES**

STATE: **MI**

ZIP CODE: **49120-4060**

PHONE: **269-683-5573**

FAX: **269-683-0282**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #251**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BERRIEN**

ADDRESS: **5019 RED ARROW HIGHWAY**

CITY: **STEVENSVILLE**

STATE: **MI**

ZIP CODE: **49127-0000**

PHONE: **269-556-2410**

FAX: **269-556-2465**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1592**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HURON**

ADDRESS: **901 NORTH VAN DYKE**

CITY: **BAD AXE**

STATE: **MI**

ZIP CODE: **48413-0000**

PHONE: **989-269-9746**

FAX: **989-269-2246**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-3453**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **KENT**

ADDRESS: **355 54TH STREET SW**

CITY: **WYOMING**

STATE: **MI**

ZIP CODE: **49548-5614**

PHONE: **616-552-6226**

FAX: **616-552-6627**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**DIRECTRX SPECIALTY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **SPANISH, ENGLISH, ARABIC, ALBANIAN**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **OAKLAND**

ADDRESS: **830 KIRTS BLVD SUITE 300**

CITY: **TROY**

STATE: **MI**

ZIP CODE: **48084-0000**

PHONE: **855-362-3397**

FAX: **877-892-4007**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #2825**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **OTTAWA**

ADDRESS: **11236 E LAKEWOOD BLVD**

CITY: **HOLLAND**

STATE: **MI**

ZIP CODE: **49424-8601**

PHONE: **616-396-5523**

FAX: **616-396-5596**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-1771**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SAINT JOSEPH**

ADDRESS: **1500 SOUTH CENTERVILLE ROAD**

CITY: **STURGIS**

STATE: **MI**

ZIP CODE: **49091-0000**

PHONE: **269-651-9560**

FAX: **269-651-5497**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #9146**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SAINT JOSEPH**

ADDRESS: **950 S CENTERVILLE RD**

CITY: **STURGIS**

STATE: **MI**

ZIP CODE: **49091-2089**

PHONE: **269-651-9519**

FAX: **269-651-9548**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #291**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SAINT JOSEPH**

ADDRESS: **408 W SOUTH ST**

CITY: **STURGIS**

STATE: **MI**

ZIP CODE: **49091-2153**

PHONE: **269-319-4010**

FAX: **269-319-4065**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER PHARMACY #175**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SAINT JOSEPH**

ADDRESS: **800 S US 131**

CITY: **THREE RIVERS**

STATE: **MI**

ZIP CODE: **49093-0000**

PHONE: **269-279-1210**

FAX: **269-279-1265**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ALLIANCERX WALGREENS PHARMACY #15438**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WAYNE**

ADDRESS: **41460 HAGGERTY CIRCLE S**

CITY: **CANTON**

STATE: **MI**

ZIP CODE: **48188-2227**

PHONE: **888-282-5166**

FAX: **888-570-4700**

WEBSITE: **www.alliancerxwp.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MEIJER SPECIALTY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WAYNE**

ADDRESS: **8455 HAGGERTY RD**

CITY: **BELLEVILLE**

STATE: **MI**

ZIP CODE: **48111-1607**

PHONE: **734-391-2310**

FAX: **734-391-2365**

WEBSITE: **www.meijer.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #412**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BUTLER**

ADDRESS: **300 SOUTH LOCUST STREET**

CITY: **OXFORD**

STATE: **OH**

ZIP CODE: **45056-0000**

PHONE: **513-523-7323**

FAX: **513-523-9988**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2275**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE:

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **BUTLER**

ADDRESS: **5720 COLLEGE CORNER PIKE**

CITY: **OXFORD**

STATE: **OH**

ZIP CODE: **45056-0000**

PHONE: **513-524-3744**

FAX: **513-524-0743**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**AHF PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **FRANKLIN**

ADDRESS: **1230 N. HIGH STREET**

CITY: **COLUMBUS**

STATE: **OH**

ZIP CODE: **43201-2411**

PHONE: **614-291-2670**

FAX: **877-533-8281**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **SPECIALTY PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #014445**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **4001 HAMILTON CLEVES RD**

CITY: **CLEVES**

STATE: **OH**

ZIP CODE: **45002-0000**

PHONE: **513-353-0860**

FAX: **513-353-0835**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER PHARMACY #907**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **10477 HARRISON AVE**

CITY: **HARRISON**

STATE: **OH**

ZIP CODE: **45030-0000**

PHONE: **513-367-2382**

FAX: **513-367-2373**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**VILLAGE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **114 HARRISON AVE**

CITY: **HARRISON**

STATE: **OH**

ZIP CODE: **45030-1328**

PHONE: **513-367-4836**

FAX: **513-367-4837**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #7470**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **1032 HARRISON AVE**

CITY: **HARRISON**

STATE: **OH**

ZIP CODE: **45030-1522**

PHONE: **513-367-2127**

FAX: **513-367-9516**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**HARRISON PHARMACY & WELLNESS**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **HAMILTON**

ADDRESS: **620 RING RD**

CITY: **HARRISON**

STATE: **OH**

ZIP CODE: **45030-2764**

PHONE: **513-202-9600**

FAX: **513-202-9900**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KAUP PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MERCER**

ADDRESS: **102 NORTH WAYNE STREET**

CITY: **FT RECOVERY**

STATE: **OH**

ZIP CODE: **45846-0605**

PHONE: **419-375-2323**

FAX: **419-375-4488**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**BIRDI, INC.**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **STARK**

ADDRESS: **7835 FREEDOM AVE NW**

CITY: **NORTH CANTON**

STATE: **OH**

ZIP CODE: **44720-0000**

PHONE: **866-909-5170**

FAX: **866-909-5171**

WEBSITE: **[www.medimpact.com/homedeliverymembers](http://www.medimpact.com/homedeliverymembers)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **MAIL ORDER PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**GEM EDWARDS PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SUMMIT**

ADDRESS: **5640 HUDSON INDUSTRIAL PKWY**

CITY: **HUDSON**

STATE: **OH**

ZIP CODE: **44236-0000**

PHONE: **866-552-5522**

FAX: **844-705-0156**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **MAIL ORDER PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6692**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARICOPA**

ADDRESS: **4766 E QUEEN CREEK RD**

CITY: **GILBERT**

STATE: **AZ**

ZIP CODE: **85297-8005**

PHONE: **480-988-1908**

FAX: **480-988-5406**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**BIRDI**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARICOPA**

ADDRESS: **8060 S KYRENE RD**

CITY: **TEMPE**

STATE: **AZ**

ZIP CODE: **85284-2109**

PHONE: **855-873-8739**

FAX: **888-783-1773**

WEBSITE: **[www.medimpact.com/homedeliverymembers](http://www.medimpact.com/homedeliverymembers)**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **MAIL ORDER PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ALLIANCERX WALGREENS PHARMACY #03397**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **MARICOPA**

ADDRESS: **8350 S RIVER PKWY**

CITY: **TEMPE**

STATE: **AZ**

ZIP CODE: **85284-2615**

PHONE: **800-345-1985**

FAX: **480-752-8250**

WEBSITE: **www.alliancerxwp.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **MAIL ORDER PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MINI PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **CHINESE, SPANISH, VIETNAMESE, ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LOS ANGELES**

ADDRESS: **2425 PORTER ST**

CITY: **LOS ANGELES**

STATE: **CA**

ZIP CODE: **90021-2510**

PHONE: **888-545-6464**

FAX: **213-239-1299**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ACARIAHEALTH PHARMACY #13**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LOS ANGELES**

ADDRESS: **3302 GARFIELD AVE**

CITY: **COMMERCE**

STATE: **CA**

ZIP CODE: **90040-3102**

PHONE: **323-262-9403**

FAX: **866-834-8523**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ACCREDITO HEALTH GROUP INC**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ORANGE**

ADDRESS: **6272 LEE VISTA BLVD STE 100**

CITY: **ORLANDO**

STATE: **FL**

ZIP CODE: **32822-0000**

PHONE: **407-852-4903**

FAX: **407-852-4926**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-5315**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ORANGE**

ADDRESS: **2354 COMMERCE PARK DR STE 100**

CITY: **ORLANDO**

STATE: **FL**

ZIP CODE: **32837-0000**

PHONE: **877-453-4566**

FAX: **866-537-0877**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**FMC PHARMACY SERVICES**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PINELLAS**

ADDRESS: **11001 DANKA WAY N STE 2**

CITY: **SAINT PETERSBURG**

STATE: **FL**

ZIP CODE: **33716-0000**

PHONE: **800-947-3131**

FAX: **781-464-2585**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**CURANT HEALTH FLORIDA LLC**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH, HINDI**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **PINELLAS**

ADDRESS: **11001 ROOSEVELT BLVD N STE 1400**

CITY: **ST PETERSBURG**

STATE: **FL**

ZIP CODE: **33716-2338**

PHONE: **866-448-8040**

FAX: **866-461-8411**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**HEALTHDYNE PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **POLK**

ADDRESS: **500 EAGLES LANDING DRIVE SUITE B**

CITY: **LAKELAND**

STATE: **FL**

ZIP CODE: **33810-0000**

PHONE: **888-479-2000**

FAX: **863-686-4710**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**KROGER SPECIALTY PHARMACY FL**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SEMINOLE**

ADDRESS: **3200 LAKE EMMA RD, SUITE 1000**

CITY: **LAKE MARY**

STATE: **FL**

ZIP CODE: **32746-0000**

PHONE: **855-733-3126**

FAX: **888-315-3270**

WEBSITE: **www.kroger.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

INFUCARE RX OF MD

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, GERMAN**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEGANY**

ADDRESS: **217 GLENN ST STE 300**

CITY: **CUMBERLAND**

STATE: **MD**

ZIP CODE: **21502-4501**

PHONE: **844-773-6779**

FAX: **844-533-1131**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

STAR MEDICAL RX

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CLAY**

ADDRESS: **2612 NE INDUSTRIAL DR**

CITY: **KANSAS CITY**

STATE: **MO**

ZIP CODE: **64117-2648**

PHONE: **816-584-3600**

FAX: **866-739-1839**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **MAIL ORDER PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #5894**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SAINT LOUIS**

ADDRESS: **6733 CLAYTON RD**

CITY: **RICHMOND HEIGHTS**

STATE: **MO**

ZIP CODE: **63117-1603**

PHONE: **314-721-6013**

FAX: **314-721-6723**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **YES**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**BIOLOGICS BY MCKESSON**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WAKE**

ADDRESS: **11800 WESTON PKWY**

CITY: **CARY**

STATE: **NC**

ZIP CODE: **27513-0000**

PHONE: **800-850-4306**

FAX: **800-823-4506**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**AMBER SPECIALTY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **SPANISH, ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SARPY**

ADDRESS: **10004 S 152ND ST STE A**

CITY: **OMAHA**

STATE: **NE**

ZIP CODE: **68138-0000**

PHONE: **402-896-5000**

FAX: **402-896-3774**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ACCREDITO HEALTH GROUP INC**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEGHENY**

ADDRESS: **3000 ERICSSON DRIVE SUITE 100**

CITY: **WARRENDALE**

STATE: **PA**

ZIP CODE: **15086-7502**

PHONE: **724-772-6000**

FAX: **724-742-2450**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **NO**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ALLIANCERX WALGREENS PHARMACY #16287**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **ALLEGHENY**

ADDRESS: **130 ENTERPRISE DR**

CITY: **PITTSBURGH**

STATE: **PA**

ZIP CODE: **15275-1213**

PHONE: **888-347-3416**

FAX: **877-231-8302**

WEBSITE: **www.alliancerxwp.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**BOOTHWYN PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ITALIAN, SPANISH, ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **CHESTER**

ADDRESS: **221 GALE LN**

CITY: **KENNETT SQUARE**

STATE: **PA**

ZIP CODE: **19348-1735**

PHONE: **800-476-7496**

FAX: **610-497-4371**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMPOUNDING PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

ACCREDITED HEALTH GROUP INC

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SHELBY**

ADDRESS: **1620 CENTURY CENTER PARKWAY SUITE 109**

CITY: **MEMPHIS**

STATE: **TN**

ZIP CODE: **38134-0000**

PHONE: **901-385-3600**

FAX: **901-385-3777**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

RESTORE RX, INC

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SHELBY**

ADDRESS: **5169 BRUNSWICK RD #305**

CITY: **BRUNSWICK**

STATE: **TN**

ZIP CODE: **38014-0000**

PHONE: **901-388-0507**

FAX: **901-388-0407**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**FRESENIUS MEDICAL CARE RX**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **WILLIAMSON**

ADDRESS: **1000 CORPORATE CENTRE DR SUITE 400**

CITY: **FRANKLIN**

STATE: **TN**

ZIP CODE: **37067-0000**

PHONE: **800-947-3131**

FAX: **781-464-2585**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**SENDERRA RX PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **COLLIN**

ADDRESS: **3712 E PLANO PKWY STE 200**

CITY: **PLANO**

STATE: **TX**

ZIP CODE: **75074-0000**

PHONE: **888-777-5547**

FAX: **972-408-4173**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **SPECIALTY PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALMART PHARMACY 10-2625**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DALLAS**

ADDRESS: **1025 W TRINITY MILLS RD**

CITY: **CARROLLTON**

STATE: **TX**

ZIP CODE: **75006-1375**

PHONE: **800-273-3455**

FAX: **800-406-8976**

WEBSITE: **www.walmart.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **MAIL ORDER PHARMACY**



# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ALLIANCERX WALGREENS PHARMACY #16280**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DENTON**

ADDRESS: **10530 JOHN W ELLIOTT DR STE 200**

CITY: **FRISCO**

STATE: **TX**

ZIP CODE: **75033-2013**

PHONE: **800-541-4959**

FAX: **866-574-1418**

WEBSITE: **www.alliancerxwp.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **YES**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **YES**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**ALLIANCERX WALGREENS PHARMACY #15443**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **DENTON**

ADDRESS: **10530 JOHN W ELLIOTT DR STE 100**

CITY: **FRISCO**

STATE: **TX**

ZIP CODE: **75033-2014**

PHONE: **800-424-9002**

FAX: **800-874-9179**

WEBSITE: **www.alliancerxwp.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MAXOR SPECIALTY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **LUBBOCK**

ADDRESS: **6101 43RD STREET SUITE C**

CITY: **LUBBOCK**

STATE: **TX**

ZIP CODE: **79407-0000**

PHONE: **800-658-6046**

FAX: **806-553-7383**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**MAXOR SPECIALTY PHARMACY**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH, SPANISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **POTTER**

ADDRESS: **216 SOUTH POLK**

CITY: **AMARILLO**

STATE: **TX**

ZIP CODE: **79101-0000**

PHONE: **866-629-6779**

FAX: **806-553-7383**

WEBSITE: **N/A**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **NO**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**

# MDWISE MEDICAID PHARMACY DIRECTORY

## PHARMACY NAME

**WALGREENS #6885**

## PHARMACY INFORMATION

SPECIALTY: **PHARMACY**

LANGUAGE: **ENGLISH**

## CATEGORY

MEDICAL GROUP AFFILIATION: **N/A**

BOARD CERTIFICATION: **N/A**

HOSPITAL AFFILIATION: **N/A**

CULTURAL COMPETENCIES: **N/A**

TELEHEALTH OFFERED: **N/A**

## LOCATION INFORMATION

COUNTY: **SAUK**

ADDRESS: **300 HIGHWAY 13**

CITY: **WISCONSIN DELLS**

STATE: **WI**

ZIP CODE: **53965-0000**

PHONE: **608-254-5760**

FAX: **608-253-9733**

WEBSITE: **www.walgreens.com**

HANDICAP ACCESS: **YES BASIC ACCESS**

PHYSICAL/MENTAL DISABILITIES: **N/A**

ACCEPTS NEW MEDICAID PATIENTS: **YES**

OPEN 24: **NO**

E-PRESCRIPTION: **YES**

DELIVERY: **NO**

DRIVE UP WINDOW: **YES**

COMPOUNDING SVC: **NO**

PHARMACY TYPE: **COMMUNITY/RETAIL PHARMACY**