

Please fold here ->

	Mail this form to:
Member ID # (if not shown or if different from above)	ılını IIIII IIIIIIIIIIIIIIIIIIIIIIIIIIII
Prescription plan sponsor name	
Choose one of three ways to order: Online: Visit Caremark.com By phone: Call us at the number on your member I By mail: Complete both sides of this form and mail it check or credit card information. For new prescription to include your original paper prescription. Please use blue ink and print in CAPITAL letters. Medicare me Shipping Address. To ship to an address different Last Name Street Address City Daytime Phone #:	with your s, be sure a <b>black or</b> mbers should complete one form per person.
<b>B</b> Refills. To order mail service refills, enter the Rx r	number(s) found on your prescription label.
1) 2)	3) 4)

All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment. ©2017 CVS Caremark. All rights reserved. P13-N



Please fold here ->

**C** Tell us about the member who the prescriptions are for:

	T NAME M Suffix
N I C K N A M E Date of bir	
E-mail address:	
Doctor's last name Doctor's first name	Doctor's phone #
Tell us about new health information if never provided or if ch         Allergies:       None       Aspirin       Cephalosporin       Codeine         Sulfa       Other:	e O Erythromycin O Peanuts O Penicillin
Medical conditions: () Arthritis () Asthma () Diabetes () Acid () High blood pressure () High cholesterol () Migraine () () Other:	
Medicare part D members do not need to complete the section	on below.
Date of bir	Suffix       (JR,SR)
E-mail address:	
Doctor's last name Doctor's first name	Doctor's phone #
Tell us about new health information if never provided or if ch         Allergies:       None       Aspirin       Cephalosporin       Codeine         Sulfa       Other:	e O Erythromycin O Peanuts O Penicillir
Medical conditions: () Arthritis () Asthma () Diabetes () Acid () High blood pressure () High cholesterol () Migraine () () Other:	d reflux() Glaucoma() Heart problemOsteoporosis() Prostate issues() Thyroid
Special instructions:	
Special instructions:	you do not need to provide payment information.)
Special instructions: How would you like to pay for this order? (If your copay is \$0, )	you do not need to provide payment information.)
Special instructions: How would you like to pay for this order? (If your copay is \$0, )	you do not need to provide payment information.) register at Caremark.com or call Customer Care.)
Special instructions: How would you like to pay for this order? (If your copay is \$0, your of the second se	you do not need to provide payment information.) register at Caremark.com or call Customer Care.)
Special instructions: How would you like to pay for this order? (If your copay is \$0, your of the second s	you do not need to provide payment information.) register at Caremark.com or call Customer Care.)
<ul> <li>Special instructions:</li> <li>How would you like to pay for this order? (If your copay is \$0, your copy is \$0, your</li></ul>	you do not need to provide payment information.) register at Caremark.com or call Customer Care.) rerican Express®)
<ul> <li>Special instructions:</li> <li>How would you like to pay for this order? (If your copay is \$0, \$0)</li> <li>Electronic check. Pay from your bank account. (You must first and a count. (You must first and a count.)</li> <li>Credit or debit card. (VISA®, MasterCard®, Discover®, or Ama and a count.)</li> <li>Use your card on file.</li> <li>Use a new card or update your card's expiration date.</li> </ul>	you do not need to provide payment information.) register at Caremark.com or call Customer Care.)
Special instructions:         How would you like to pay for this order? (If your copay is \$0, ?)         O Electronic check. Pay from your bank account. (You must first response)         O Credit or debit card. (VISA®, MasterCard®, Discover®, or Among Use your card on file.         O Use a new card or update your card's expiration date.         Exp.       Exp.         D       NUMBER	you do not need to provide payment information.) register at Caremark.com or call Customer Care.) rerican Express®)
Special instructions:         How would you like to pay for this order? (If your copay is \$0, ?         ) Electronic check. Pay from your bank account. (You must first response)         () Credit or debit card. (VISA®, MasterCard®, Discover®, or Amelian (Use your card on file.         () Use a new card or update your card's expiration date.         () Check or money order. Amount: \$         () Check or money order payable to CVS Caremark.         () Write your member ID number on your check or	you do not need to provide payment information.) register at Caremark.com or call Customer Care.) erican Express®) Credit card holder signature/date
Special instructions:         How would you like to pay for this order? (If your copay is \$0, ?)         Electronic check. Pay from your bank account. (You must first response)         Credit or debit card. (VISA®, MasterCard®, Discover®, or Amgentation (Use your card on file.         Use a new card or update your card's expiration date.         Exp.         MMYY         Check or money order. Amount: \$         Make check or money order payable to CVS Caremark.	you do not need to provide payment information.) register at Caremark.com or call Customer Care.) erican Express®) Credit card holder signature/date Processing time takes up to 5 days. Shipping options O Free shipping (takes 3-5 days) O 2nd business day (\$17)
Special instructions:         How would you like to pay for this order? (If your copay is \$0, ?)         Electronic check. Pay from your bank account. (You must first response)         Credit or debit card. (VISA®, MasterCard®, Discover®, or Amelian (Use your card on file.         Use your card on file.         Use a new card or update your card's expiration date.         CARD       NUMBER         Exp.         MMYY         Check or money order. Amount: \$         Make check or money order payable to CVS Caremark.         Write your member ID number on your check or money order.	you do not need to provide payment information.) register at Caremark.com or call Customer Care.) nerican Express®) Credit card holder signature/date Processing time takes up to 5 days. Shipping options () Free shipping (takes 3-5 days)