Please fold here →



	Mail this form to:	
	-	
Member ID # (if not shown or if different from above)		
Prescription Plan Sponsor or Company Name		
Instructions: Please use blue or black ink, capital letters, and fill	in <b>hoth sides</b> of this form	
New Prescriptions - Mail your new prescriptions with		
Refills - Order by Web, phone, or write in Rx number(s) below.  Number of Refill prescriptions:  TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online at www.caremark.com or call the toll-free number on your member ID card.		
A Shipping Address. To ship to an address different from the one printed above, please make changes here.		
Last Name	First Name MI Suffix (JR, SR)	
Street Address	Apt./Suite # Use shipping address for this order only.	
City	State ZIP Code	
Daytime Phone #:	Evening Phone #:	
B Refills. To order mail service refills, enter your prescription number(s) here.		
1)	3)4)	
5)6)	7)8)	
CVS/caremark wants to provide you with high quality this, we will substitute equivalent generic medicines for do not want us to substitute generics, please provide "Special Instructions" section of this form.	medicines at the best possible price. In order to do	

We may package all of these prescriptions together unless you tell us not to.

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.



■ 1st person with a refill or new prescription.	○ Spanish forms and label
Last Name First Name	Suffix (JR,SR)
Nickname  Date of Bi MM-DD-YY	• •
	Pate new prescription written:
Doctor's Last Name Doctor's First Name	Doctor's Phone #
Tell us about new health information for 1st person if never p	provided or if changed.
	e () Erythromycin () Peanuts () Penicillir
Medical Conditions: () Arthritis () Asthma () Diabetes () Ac () High Blood Pressure () High Cholesterol () Migraine () () Other:	id Reflux
2nd person with a refill or new prescription.	() Spanish forms and label
Last Name First Name Nickname	MI Suffix (JR,SR)
Gender: () M () F Date of Bin MM-DD-YY	th:
E-Mail Address: D	ate new prescription written:
Doctor's Last Name Doctor's First Name	Doctor's Phone #
Tell us about new health information for 2nd person if never	
Allergies: None Aspirin Cephalosporin Codein Sulfa Other:	e () Erythromycin () Peanuts () Penicillir
Medical Conditions: () Arthritis () Asthma () Diabetes () Aci () High Blood Pressure () High Cholesterol () Migraine () () Other:	Osteoporosis () Prostate Issues () Thyroid
Special Instructions:	
How would you like to pay for this order? (If your copay is \$0,	you do not need to provide payment information.)
O Electronic Check. Pay from your bank account. (You must f	irst register online or call Customer Care.)
Use my ☑BillMeLater account. Works like a credit card. (You	must first register online or call Customer Care.)
O Credit or Debit Card. (VISA®, MasterCard®, Discover®, or Ar	
○ Fill in this oval to use your card on file.	
O Fill in this oval to use a new card or to update your card ex	piration date.
Exp.Date MMYY	]
O Check or Money Order. Amount: \$	Credit Card Holder Signature/Date
<ul> <li>Make check or money order out to CVS/caremark.</li> <li>Write your prescription benefit ID number on your</li> </ul>	Regular delivery is free and will take up to 10 days from the day you send this form. If you want faster delivery, choose:
check or money order.	() 2nd Business Day (\$17) Business days
If your check is returned, we will charge you up to \$40.	O Next Business Day (\$23) Monday-Friday
Payment for Balance Due and Future Orders: If you chose Electronic Check, Bill Me Later®, or a Credit or Debit Card,	Faster delivery charges may change.
we will also use it to pay for any balance that you owe and for future orders.	<ul> <li>Faster delivery charges may change.</li> <li>Faster delivery is for shipping time only, not processing</li> <li>Faster delivery can only be sent to a street address, not a PO Box.</li> </ul>

MOF FAX 0514 PIT