

Mail Service Order Form



TIMOTHY SMITH
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Mail this form to:



CVS CAREMARK
P.O. BOX 2110
PITTSBURGH PA 15230-2110

1028249958880001

Member ID # (if not shown or if different from above)

Grid for Member ID #

Prescription Plan Sponsor or Company Name

Instructions:

Please use **blue or black ink, capital letters**, and fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form.

Number of **New** prescriptions:

Refills - Order by Web, phone, or write in Rx number(s) below.

Number of **Refill** prescriptions:

FOR FASTEST SERVICE, order refills at www.caremark.com or call toll-free 1-800-601-6364.

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) _____ 2) _____ 3) _____ 4) _____

5) _____ 6) _____ 7) _____ 8) _____

CVS Caremark wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

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.



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