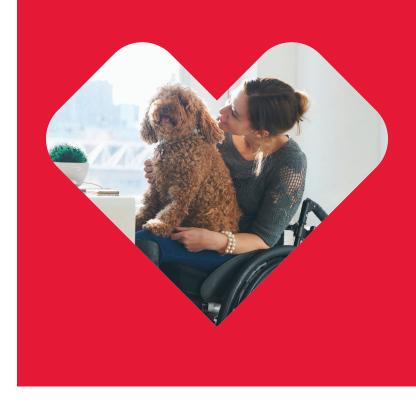


### CVS Caremark<sup>®</sup> Mail Service Pharmacy

# We deliver quality and convenience.



Save time getting prescription medication you take regularly (like high blood pressure or diabetes drugs) by getting up to 90-day supplies from CVS Caremark Mail Service Pharmacy.

#### Medications when you need them.

There's no need to drive to the pharmacy each month. We deliver up to 90-day supplies by mail to your home, office and even your vacation spot. Your doctor can send us your refills directly to save you even more time.

#### Get worry-free shipping with every delivery.

You get the medication you need with no-cost shipping. Your prescription is filled by a licensed pharmacist and checked for quality. Our packages are discreet, secure and hold up in any weather.

#### Avoid missing a dose with refill reminders.

Need a reminder? We'll send you a text message 10 days before every refill to confirm your order, make changes or cancel at any time. Download our mobile app to manage and track your prescriptions on your own time.

#### Sign up today at Caremark.com.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. ©2020 CVS Caremark. All rights reserved. 106-51798A 051120 FLY040026E000



## Three easy ways to get started

- Online
   Register or sign in at
   Caremark.com.
- Phone

Call 1-888-624-1139, 24-hours a day, seven days a week. Have your member ID number ready when you call.

• Mail

Fill out and send in a mail service form. Be sure to include your original prescription for up to a 90-day supply.



Please fold here 🔸

Please fold here →

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\* WEB

	Mail this form to:
Member ID # (if not shown or if different from above	
Prescription Plan Sponsor or Company Name	· _
Instructions:	
Please use <b>blue or black ink</b> and <b>print in capital</b> <b>New Prescriptions -</b> Mail your new prescriptions v	
Refills - Order by Web, phone, or write in Rx number	er(s) below. Number of <b>Refill</b> prescriptions: efills or new prescriptions online at www.caremark.com
A Shipping Address. To ship to an address differ	rent from the one printed above, enter the 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>B</b> Refills. To order mail service refills, enter your p	prescription number(s) here.
1)2)	3) 4)
5)6)	7) 8)
this, we will substitute equivalent generic medicine	ality medicines at the best possible price. In order to do es for brand name medicines whenever possible. If you vide specific instructions, including drug names, in the
Ne may package all of these prescriptions together unless you tell	I us not to.
All claims for prescriptions submitted to CVS Caremark Mail Servic vill be submitted to your prescription benefit plan for payment. If you o your plan, do not use this form. You may call Customer Care to or submission of your order and payment.	ue Pharmacy using this form ou do not want them submitted make alternate arrangements
or submission of your order and payment	

**C** Tell us about the people ordering prescriptions. If there are more than two people, please complete another form.

	O Spanish forms and labels
Last Name     First Name       Nickname     Gender: M F	MI Suffix (JR,SR)
	te 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 pr         Allergies:       None       Aspirin       Cephalosporin       Codeine         Sulfa       Other:	ovided or if changed.
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:	•
Second person with a refill or new prescription.	O Spanish forms and labels
Last Name First Name	MI Suffix (JR,SR)
Nickname Gender: M F Date of birth	n:
E-mail address: Da	te 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 p         Allergies:       None       Aspirin       Cephalosporin       Codeine         Sulfa       Other:	rovided or if changed.
Medical conditions: Arthritis Asthma Diabetes Acia High blood pressure High cholesterol Migraine Other:	
Special instructions:	
How would you like to pay for this order? (If your copay is \$0, y	you do not need to provide payment information.)
Electronic check. Pay from your bank account. (You must fir	
	st register online or call Customer Care.)
	st register online or call Customer Care.)
Credit or debit card. (VISA®, MasterCard®, Discover®, or Am	
Use your card on file.	
<ul> <li>Use your card on file.</li> <li>Use a new card or update your card's expiration date.</li> <li>Exp.Date MMYY</li> </ul>	
<ul> <li>Use your card on file.</li> <li>Use a new card or update your card's expiration date.</li> <li>Exp.Date MMYY</li> <li>Credit card number</li> <li>Check or money order. Amount: \$</li> <li>Make check or money order payable to CVS Caremark.</li> <li>Write your prescription benefit ID number on your</li> </ul>	erican Express®) Credit card holder signature/Date Regular delivery is free and takes up to 5 days after your order is processed. If you want faster delivery, choose:
<ul> <li>Use your card on file.</li> <li>Use a new card or update your card's expiration date.</li> <li>Exp.Date MMYY</li> <li>Credit card number</li> <li>Check or money order. Amount: \$</li> <li>Make check or money order payable to CVS Caremark.</li> <li>Write your prescription benefit ID number on your check or money order.</li> </ul>	erican Express®) Credit card holder signature/Date Regular delivery is free and takes up to 5 days after your order is processed. If you want faster delivery, choose: 2nd business day (\$17) Faster delivery can only be sent to a
<ul> <li>Use your card on file.</li> <li>Use a new card or update your card's expiration date.</li> <li>Exp.Date MMYY</li> <li>Credit card number</li> <li>Check or money order. Amount: \$</li> <li>Make check or money order payable to CVS Caremark.</li> <li>Write your prescription benefit ID number on your</li> </ul>	erican Express®) Credit card holder signature/Date Regular delivery is free and takes up to 5 days after your order is processed. If you want faster delivery, choose: 2nd business day (\$17)