

Mail this form to:



CVS CAREMARK
PO BOX 94467
PALATINE, IL 60094-4467

Enter ID # below if not shown or if different from above

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Prescription Plan Sponsor or Company Name

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:

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

Number of **Refill** prescriptions:

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FOR FASTEST SERVICE, order refills at www.caremark.com or call the number on your prescription benefit ID Card.

A Shipping Address. To ship to an address different from the one printed above, please make changes here.

Last Name

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First Name

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MI

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Suffix (JR, SR)

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Street Name

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Apt./Suite #

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Use this address for this order only.

City

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State

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ZIP Code

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Daytime Phone #:

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Evening Phone #:

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B Refills. To order mail service refills, enter your prescription number(s) here.

1) _____ 2) _____ 3) _____ 4) _____

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

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



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

1st person with a refill or new prescription. This person needs: ☐ Easy open caps ☐ Spanish forms and labels

LAST NAME FIRST NAME M Suffix (JR,SR)

NICKNAME Gender: ☐ M ☐ F Date of Birth: MM-DD-YYYY

Your E-Mail: Date new prescription written:

Doctor's Last Name

Doctor's First Name

Doctor's Phone #

Tell us about **new** allergies or health information for this person. Only tell us about **new** information.

Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
☐ Sulfa ☐ Other:

Health Information: ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid Reflux ☐ Glaucoma ☐ Heart Problem
☐ High Blood Pressure ☐ High Cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate Issues ☐ Thyroid
☐ Other:

2nd person with a refill or new prescription. This person needs: ☐ Easy open caps ☐ Spanish forms and labels

LAST NAME FIRST NAME M Suffix (JR,SR)

NICKNAME Gender: ☐ M ☐ F Date of Birth: MM-DD-YYYY

Your E-Mail: Date new prescription written:

Doctor's Last Name

Doctor's First Name

Doctor's Phone #

Tell us about **new** allergies or health information for this person. Only tell us about **new** information.

Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
☐ Sulfa ☐ Other:

Health Information: ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid Reflux ☐ Glaucoma ☐ Heart Problem
☐ High Blood Pressure ☐ High Cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate Issues ☐ Thyroid
☐ Other:

D Special Instructions:

E How would you like to pay for this order? Fill in the oval to choose a payment.

☐ **Electronic Check.** Pay from your bank account. First time users register online or call Customer Care.

☐ **Bill Me Later®.** Works like a credit card. First time users register online or call Customer Care.

☐ **Credit or Debit Card.** (VISA®, MasterCard®, Discover®, or American Express®)

☐ Fill in this oval to use your card on file.

☐ Fill in this oval to use a new card or to update your card expiration date.

CARD NUMBER Exp. Date MMYY

☐ **Check or Money Order.** Amount: \$

Credit Card Holder Signature/Date

- Make check or money order out to CVS Caremark.
- Write your prescription benefit ID number on your check or money order.
- If your check is returned, we will charge you up to \$40.

Payment for Balance Due and Future Orders: If you chose Electronic Check, Bill Me Later®, or a Credit or Debit Card, we will also use it to pay for any balance that you owe and for future orders.

☐ Fill in this oval if you **DO NOT** want to use this payment method for future orders.

Regular delivery is free and will take 7 to 10 days from the day you send this form.

If you want faster delivery, choose:

- ☐ **2nd Business Day (\$17)** Business days are only Monday-Friday
- ☐ **Next Business Day (\$23)** Monday-Friday

- Faster delivery charges may change.
- Faster delivery is for shipping time, not processing time.
- Faster delivery can only be sent to a street address, not a PO box.

