Please fold here→

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 and print in capital le	ters. Fill in both sides of this form
New Prescriptions - Mail your new prescriptions with	
Refills - Order by Web, phone, or write in Rx number (street) TO RECEIVE YOUR ORDER SOONER request refile or call the toll-free number on your member ID card.	s) below. Number of Refill prescriptions:
A Shipping Address. To ship to an address different	from the one printed above, enter the changes here.
Last Name 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 pre	scription number(s) here.
1)2)	3)4)
5) 6)	7)8)
CVS Caremark wants to provide you with high qualit this, we will substitute equivalent generic medicines do not want us to substitute generics, please provide "Special Instructions" section of this form.	y medicines at the best possible price. In order to do for brand name medicines whenever possible. If you e specific instructions, including drug names, in the

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.

First person with a refill or new prescription.	Spanish forms and labe
Last Name	First Name MI Suffix (JR,SR)
Nickname	Date of birth:
E-mail address:	MM-DD-YYYY Language Date new prescription written:
Doctor's last name Doctor's fill	2 2 2 1 2 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3
Tell us about new health information for 1st pers Allergies: None Aspirin Cephalospor Sulfa Other:	rin OCodeine Erythromycin Peanuts Penicil
Medical conditions: Arthritis Asthma Dia High blood pressure High cholesterol Other:	
Second person with a refill or new prescription.	Spanish forms and laboration
Last Name	First Name MI Suffix (JR,SR)
Nickname	Date of birth:
E-mail address:	MM-DD-YYYY Label L
Doctor's last name Doctor's fire Tell us about new health information for 2nd per	'
Medical conditions: ○ Arthritis ○ Asthma ○ Dia ○ High blood pressure ○ High cholesterol ○	
High blood pressureOther:	
O High blood pressure O High cholesterol O Other: Special instructions:	Migraine Osteoporosis Prostate issues Thyro
High blood pressure High cholesterol Other: Special instructions: How would you like to pay for this order? (If you	Migraine Osteoporosis Prostate issues Thyro
High blood pressure High cholesterol Other: Special instructions: How would you like to pay for this order? (If you	Migraine Osteoporosis Prostate issues Thyro
High blood pressure High cholesterol Other: Special instructions: How would you like to pay for this order? (If you Electronic check. Pay from your bank account	Migraine Osteoporosis Prostate issues Thyro- ur copay is \$0, you do not need to provide payment information t. (You must first register online or call Customer Care.)
High blood pressure High cholesterol Other: Special instructions: How would you like to pay for this order? (If you	Migraine Osteoporosis Prostate issues Thyro- ur copay is \$0, you do not need to provide payment information t. (You must first register online or call Customer Care.)
Other: Special instructions: How would you like to pay for this order? (If you be	Migraine Osteoporosis Prostate issues Thyround Copay is \$0, you do not need to provide payment information t. (You must first register online or call Customer Care.)
High blood pressure High cholesterol Other: Special instructions: How would you like to pay for this order? (If you Electronic check. Pay from your bank account Credit or debit card. (VISA®, MasterCard®, Dis Use your card on file.	Migraine Osteoporosis Prostate issues Thyrour copay is \$0, you do not need to provide payment information t. (You must first register online or call Customer Care.) scover®, or American Express®) tion date.
High blood pressure High cholesterol Other: Special instructions: How would you like to pay for this order? (If you Electronic check. Pay from your bank accound Credit or debit card. (VISA®, MasterCard®, Disayour card on file. Use your card or update your card's expirate Exp.E	Migraine Osteoporosis Prostate issues Thyround Company is \$0, you do not need to provide payment information to the control of
High blood pressure High cholesterol Other: Special instructions: How would you like to pay for this order? (If you Electronic check. Pay from your bank accound Use your card on file. Use your card on file. Use a new card or update your card's expirate Exp. Exp. Exp. Exp. Exp. Exp. Exp. Exp.	Migraine Osteoporosis Prostate issues Thyrology is \$0, you do not need to provide payment information t. (You must first register online or call Customer Care.) scover®, or American Express®) ion date. Oate YY Credit card holder signature/Date Regular delivery is free and takes up to 5 days after your order is processed.
High blood pressure High cholesterol Other: Special instructions: How would you like to pay for this order? (If you Electronic check. Pay from your bank accoun Use your card on file. Use your card on file. Use a new card or update your card's expirate Exp. Exp. Exp. Exp. Exp. Exp. Exp. Exp.	Migraine Osteoporosis Prostate issues Thyrology is \$0, you do not need to provide payment information to the transfer of the t
High blood pressure High cholesterol Other: Special instructions: How would you like to pay for this order? (If you Electronic check. Pay from your bank accoun Use your card on file. Use your card on file. Use a new card or update your card's expirate Exp. Exp. MMN Check or money order. Amount: \$ Make check or money order payable to CVS Care Write your prescription benefit ID number on you check or money order. If your check is returned, we will charge you up	Migraine Osteoporosis Prostate issues Thyrology is \$0, you do not need to provide payment information to the content of the co
High blood pressure High cholesterol Other: Special instructions: How would you like to pay for this order? (If you Electronic check. Pay from your bank accound Use your card on file. Use your card on file. Use a new card or update your card's expirate Exp. MMM Check or money order. Amount: \$ Make check or money order payable to CVS Care Write your prescription benefit ID number on your check or money order.	Migraine Osteoporosis Prostate issues Thyrology is \$0, you do not need to provide payment information to the transfer on the content of the transfer of the tr
High blood pressure High cholesterol Other: Special instructions: How would you like to pay for this order? (If you Electronic check. Pay from your bank accoun Use your card on file. Use your card on file. Use a new card or update your card's expirate Exp. MMM Check or money order. Amount: \$ Make check or money order payable to CVS Care. Write your prescription benefit ID number on you check or money order. If your check is returned, we will charge you up Payment for Balance Due and Future Orders: electronic check or a credit or debit card, we will to for any balance due and for future orders unless to the content of the content of the content of the card, we will to the card, we will the car	Migraine Osteoporosis Prostate issues Thyrology is \$0, you do not need to provide payment information it. (You must first register online or call Customer Care.) Scover®, or American 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) Next business day (\$17) Refills: 1-2 days New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor (Charges subject to change)