Mail Service Order Form instructions

The CVS Caremark® Mail Service Order Form may be used to order new prescriptions or to refill existing prescriptions. For the fastest service on refills, go to **Caremark.com** or call us at 1-866-362-4009.

- Please PRINT in CAPITAL letters using **BLACK** or **BLUE** ink only.
- Fill in the applicable ovals completely, like this: ●
- Fill in each box with the appropriate information including last name, first name, nickname, date of birth, and credit card information.
- **Please note:** Some boxes may already have letters inside them. For example:

  LAST NAME

  Please write in your personal information in each box directly on top of these letters. The pre-printed letters will not obstruct your written information.
- Mail this completed form along with the doctor's signed and dated prescription(s), if you are ordering new prescriptions, and your payment to CVS Caremark in the envelope provided or to the address located at the top of the order form.

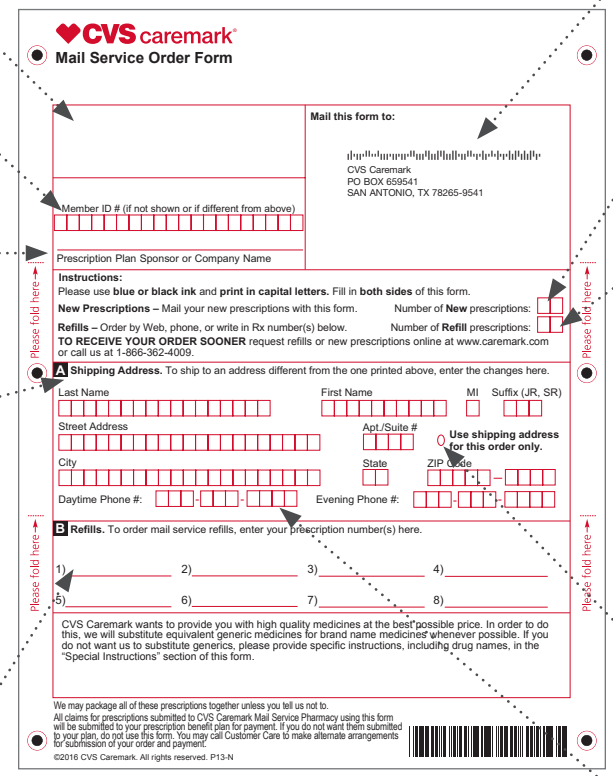
If the correct name and shipping address are printed here, then you don't need to enter your name and shipping address in Section A.

Enter your member ID which can be found on your member ID card if not shown above.

Enter the name of your prescription insurance plan or your employer name.

If the correct name and shipping address are pre-printed in the top left section of this form, leave Section A blank. If no address is pre-printed or if the pre-printed address is not correct, enter the address you want your prescription(s) to be mailed to.

In Section B, enter the prescription number(s) you want us to refill. The prescription number is found on the prescription label on your medication bottle.


CVS caremark®
Mail Service Order Form

Mail this form to:
CVS Caremark
PO BOX 659541
SAN ANTONIO, TX 78265-9541

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

Prescription Plan Sponsor or Company Name

Please fold here

Instructions:
Please use **blue or black ink** and **print in capital letters.** 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:
TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online at www.caremark.com or call us at 1-866-362-4009.

A Shipping Address. To ship to an address different 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 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.

Mail your order form and prescription(s) to this address. If you are using a window envelope, be sure the address shows through the window.

Enter the number of new prescriptions you are sending in with this form.

Enter the number of refill prescriptions you are requesting (Note: please write the refill prescription number(s) in Section B). Even if you have taken this medication in the past, if your doctor gave you a new written prescription, please count it in the "Number of New prescriptions" box.

If the address entered in Section A is a one-time address to be used for this order only, fill in the oval.

Enter your daytime and evening phone numbers (if they are different). We need this so we can contact you if we have questions about your order.

continued >>

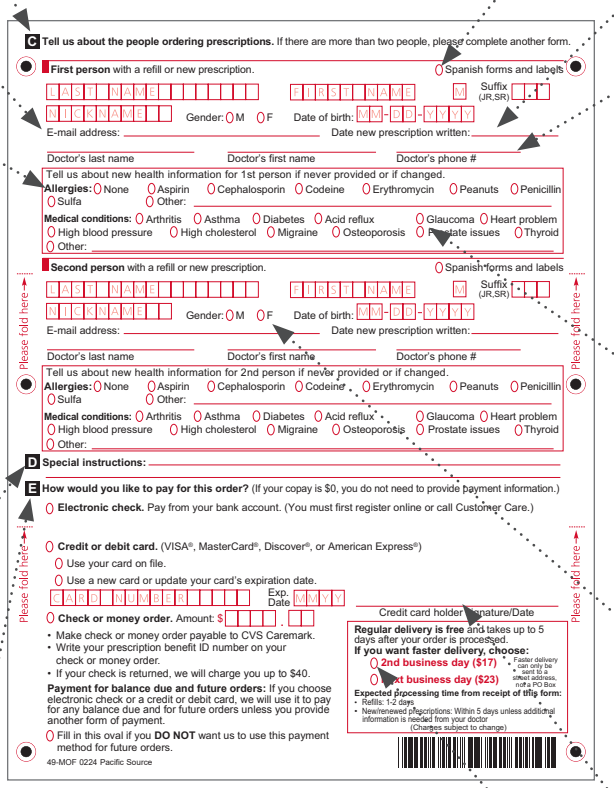
In Section C, enter the information for the person(s) you are ordering prescriptions for.

Enter your email address. We will email you with information on your prescription, if necessary.

Fill in the oval before the name of any medications listed that you may be allergic to. If you are not allergic to any medications, fill in the oval before "None". If you are allergic to a medication that is not listed, fill in the "Other" oval and write the name of the medication you are allergic to on the line.

In Section D, write any special instructions about your prescription order. You can write things like: "I only want the brand-name version of Lipitor", "Hold my prescription until I call to request it", "I need easy open caps", etc.

In Section E, tell us how you want to pay for your order. Fill in the oval before either: electronic check, credit or debit card (including HSA/FSA card), or check or money order. If you've ordered from us before and you have a credit card on file, fill in the oval indicating you want us to use the card on file. If you are providing a new credit card number or need to update the expiration date, fill in the card number and expiration date.



Fill in the oval if you want to receive your prescription label and order documents in Spanish.

Enter the date your doctor wrote the prescription.

Enter the information for the doctor who wrote your prescription. If you are sending more than one prescription and they are written by different doctors, enter the doctor information for one of the prescriptions.

Fill in the ovals before any of these medical conditions you may have. If you have a condition that is not listed, fill in the "Other" oval and write the name of your medical condition on the line.

If you are ordering prescriptions for more than one person, fill in the information for the second person in this section.

If you are paying by credit card, sign your name and write the date here.

Regular delivery is provided at no cost. If you want to pay for a faster delivery method, fill in the oval to tell us if you want 2nd day or next day delivery.

For information or questions, visit **Caremark.com** or call us at 1-866-362-4009.

CVS caremark®