



Dear Valued Member:

Please show this letter to your pharmacist until you receive your permanent CVS Caremark Prescription Card. This letter includes all the necessary information for your pharmacist to process your prescription.

PLEASE DISCARD THIS PIECE OF PAPER AFTER RECEIVING YOUR PERMANENT CARD IN THE MAIL AND REMEMBER TO PRESENT THIS NEW PRESCRIPTION CARD TO ALL PHARMACIES.

Instructions:

1. Please present this temporary ID card to the pharmacist.



RxBIN: 004336
RxPCN: ADV
RxGRP: RX0613
Issuer (80840) 9151014609

 **ID:**
NAME:

Present this Prescription Card to fill your prescription at any participating retail pharmacy.

For more information, visit www.caremark.com or call a Customer Care representative toll-free at **1-844-460-8767**.

Pharmacy Help Desk for Pharmacists: 1-800-318-2572

Submit paper claims to:
CVS Caremark Claims Department
P.O. Box 52136, Phoenix, AZ 85072-2136

2. For questions or concerns, please call toll-free at 1-800-318-2572 to speak to a Customer Care representative 24 hours a day, seven days a week.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.