



Mail this form to:



CVS Caremark
PO BOX 2110
PITTSBURGH, PA 15230-2110

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

Member ID input boxes

Prescription Plan Sponsor or Company Name

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.empireplanrxprogram.com or call toll-free 1-877-7-NYSHIP and select option 4.

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.

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.



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