




Dear Valued Member:

This is a one time use card that should be provided to your pharmacy for updating prescription billing. The one time card contains information needed by your pharmacist.

1. Please fill in the underlined areas with your name and ID number. (This information is needed by the pharmacist to process prescriptions.)
2. Please present this temporary ID card to the pharmacist.

CVS/caremark™	
RxBIN:	004336
RxPCN:	ADV
RxGRP:	RX7673
Issuer (80840):	9151014609
 ID:	_____
NAME:	_____

<p>Present this Prescription Card to fill your prescription at any participating retail pharmacy.</p> <p>For more information, visit www.caremark.com or call a Customer Care representative toll-free at 1-866-490-3376</p> <p>Pharmacy Help Desk for Pharmacists: 1-800-421-2342</p> <p>Submit paper claims to: CVS Caremark Claims Department P.O. Box 52196, Phoenix, AZ 85072-2196</p>

3. For questions or concerns, please call toll-free at 1-866-490-3376 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.

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