

[illegible]

CVS Caremark
PO BOX 659541
SAN ANTONIO, TX 78265-9541

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

[illegible]

RxGroup # (Refer to RxGRP on your card)

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 online at www.caremark.com or call the toll-free number on your member ID card.

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name

[illegible]

First Name

[illegible]

MI

7

Suffix (JR, SR)

--	--	--

Street Address

[illegible]

Apt./Suite #

--	--	--	--

**Use shipping address
for this order only.**

City

[illegible]

State

--	--

ZIP Code

[illegible]

Daytime Phone #:

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Evening Phone #:

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B Refills. To order mail service refills, enter your prescription number(s) here.

1) 2) 3) 4)

5) 6) 7) 8)

This is a discount program, not an insurance plan. Discounts are available through CVS Caremark Mail Service Pharmacy.

We may package all of these prescriptions together unless you tell us not to.



C

5

C

Last Name _____ First Name _____ MI _____
 Nickname _____ Gender: ☐ M ☐ F Date of birth: MM-DD-YYYY ____ - ____ - ____
 E-mail address: _____ Date new prescription written: _____

Doctor's last name	Doctor's first name	Doctor's phone #
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Tell us about new health information for 1st person if never provided or if changed.

Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
☐ Sulfa ☐ Other:

Medical conditions: ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid reflux ☐ Glaucoma ☐ Heart problem
☐ High blood pressure ☐ High cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate issues ☐ Thyroid
☐ Other:

C

Last Name										First Name										MI		Suffix (JR,SR)	
<input type="text"/>										<input type="text"/>										<input type="text"/>		<input type="text"/>	
Nickname										Date of birth:													
<input type="text"/>										MM-DD-YYYY										<input type="text"/>		<input type="text"/>	
Gender: <input type="radio"/> M <input type="radio"/> F										Date new prescription written:													
E-mail address:										<input type="text"/>													

Doctor's last name	Doctor's first name	Doctor's phone #
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Tell us about new health information for 2nd person if never provided or if changed.

Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
☐ Sulfa ☐ Other: _____

Medical conditions: ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid reflux ☐ Glaucoma ☐ Heart problem
☐ High blood pressure ☐ High cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate issues ☐ Thyroid
☐ Other:

D

E

☐ **Electronic check.** Pay from your bank account. (You must first register online or call Customer Care.)

☐ **Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)

☐ Use your card on file.

○ Use a new card or update your card's expiration date.

Credit card number																			Exp.Date MMYY				

☐ **Check or money order.** Amount: \$

- Make check or money order payable to CVS Caremark.
- Write your prescription benefit ID number on your check or money order.
- If your check is returned, we will charge you up to \$40.

Payment for Balance Due and Future Orders: If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

☐ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

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 (\$23)**

Faster delivery
can only be
sent to a
street address,
not a PO Box.

Expected processing time from receipt of this form:

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor
(Charges subject to change)

