



CVS/caremark™ Prescription Card

RxBIN 004336
 RxPCN ADV
 RxGRP RX1773
 Issuer (80840) 9151014609

000001  ID _____
 NAME _____

CVS/caremark™ Prescription Card

RxBIN 004336
 RxPCN ADV
 RxGRP RX1773
 Issuer (80840) 9151014609

000001  ID _____
 NAME _____

00001

>000001, 000001, 001, P50708
 PM 1773 GROUP
JOHN Q SAMPLE
9501 E. Shea Blvd
SCOTTSDALE, AZ 85260



*** Important Message on Back**

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

Fidelity National Financial

601 Riverside Ave. Building 5, 6th floor
 Jacksonville, FL 32204

Your Prescription Cards

This personalized card is your starting point for accessing your convenient and affordable prescription benefits. Your ID number is necessary when filling a prescription at a pharmacy for the first time. Use it to register at www.caremark.com to order refills, check drug costs, view health tips and more.



Did You Know?

Generics are becoming the prescription of choice for most people. More than 65 percent of prescriptions filled today* are for generic drugs because they are effective and can cost up to 80 percent less** than brand-name drugs.

To save money on your prescriptions, always ask your doctor or pharmacist if there is a generic option available for you.

*Source: Generic Pharmaceutical Association Web site, <http://www.gphaonline.org>
 **Savings are based on plan participant copayments. The amount of your savings will be based on your benefit plan.

924914

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 1-877-430-8627.

Pharmacy Help Desk for Pharmacists: 1-800-364-6331

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

1773-ID50-0514

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 1-877-430-8627.

Pharmacy Help Desk for Pharmacists: 1-800-364-6331

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

1773-ID50-0514

➔ **Register**

at [Caremark.com/mycaremark](https://www.caremark.com/mycaremark) to take advantage of time and money saving tools.

Please remove sticker before use. 6527-34755c