




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: 1-800-364-6331

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 1-844-460-8767 to speak to a Customer Care representative.

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