



MAIL SERVICE ORDER FORM

MICKEY MOUSE

noreply@caremark.com

MM123456701

Enter ID # below if not shown or if different from above

Grid for entering ID number

Prescription Plan Sponsor or Company Name

Mail order form to:



CAREMARK ZJ206
PO BOX 830070
BIRMINGHAM AL 35283-0070

DIRECTIONS: Print in **BLUE** or **BLACK** ink, using CAPITAL letters. Fill in ovals completely (●). Complete both pages of form.

TO ORDER NEW PRESCRIPTIONS: Mail your prescription(s) with this form. **Number of NEW Prescriptions:**

TO ORDER REFILLS: Order by Web, phone, or write in Rx number(s) below. **Number of REFILL Prescriptions:**

FOR FASTEST SERVICE, order refills at www.caremark.com or call toll-free 1-877-321-2652.

SHIPPING ADDRESS IF NOT SHOWN OR DIFFERENT FROM ABOVE:

Last Name First Name MI Suffix (JR, SR)

Street Address Apt./Suite# **Use this address for this order only.**

City State ZIP Code -

Daytime Phone #: - - Evening Phone #: - -

REFILL INFORMATION:

To order mail service refills, enter your prescription number(s) here:

- 1) _____ 2) _____ 3) _____ 4) _____
- 5) _____ 6) _____ 7) _____ 8) _____

Visit www.caremark.com for the fastest refills. Log in to check order status and access personalized information about your prescription benefits.

IMPORTANT NOTICE: When getting a new prescription, be sure to ask your doctor to write your prescription for the maximum amount allowed by your benefit plan, usually a 90-day supply. Make sure your doctor SIGNS and DATES all new prescriptions.

Prescriptions sent in one envelope may be shipped together unless you request otherwise.



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FILL IN (PRINT) FOR UP TO TWO INDIVIDUALS WHO WILL RECEIVE PRESCRIPTIONS WITH THIS ORDER

FIRST PERSON RECEIVING PRESCRIPTIONS WITH THIS ORDER

Easy open caps Print materials in Spanish

Last Name

First Name MI Suffix

NICKNAME

Gender: M F

Date of Birth: --

E-mail Address: _____ Date new prescription(s) received from doctor: _____

Doctor's/Prescriber's Last Name _____ Doctor's/Prescriber's First Name _____ Doctor's/Prescriber's Phone # _____

ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED

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

Health Conditions: Arthritis Asthma Diabetes GERD (Acid Reflux) Glaucoma Heart Condition
 High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Disorders Thyroid
 Other: _____

SECOND PERSON RECEIVING PRESCRIPTIONS WITH THIS ORDER

Easy open caps Print materials in Spanish

Last Name

First Name MI Suffix

NICKNAME

Gender: M F

Date of Birth: --

E-mail Address: _____ Date new prescription(s) received from doctor: _____

Doctor's/Prescriber's Last Name _____ Doctor's/Prescriber's First Name _____ Doctor's/Prescriber's Phone # _____

ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED

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

Health Conditions: Arthritis Asthma Diabetes GERD (Acid Reflux) Glaucoma Heart Condition
 High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Disorders Thyroid
 Other: _____

Comments/Special Instructions: _____

PAYMENT INFORMATION: Select one payment method below.

Credit/Debit Card (VISA, MasterCard, Discover or American Express)

Charge most recently used credit card

Charge new/updated credit/debit card (provide info below)

Exp. Date MMY

Check/Money Order/Cashier's Check \$. **Amount**

Make check or money order payable to CVS Caremark and write your ID# on the check/money order. Returned checks will be subject to a fee of up to \$40, depending on state law.

The selected payment method (unless paying by check) will be charged for future orders, unless a different form of payment is provided. It will also be charged for any outstanding balance due.

Fill in oval if you DO NOT want the selected payment method to be automatically charged for future orders.

Credit Card Holder Signature/Date _____

REGULAR DELIVERY IS FREE

(Allow up to 10 days for delivery)

Fill in oval for faster delivery:

2nd Business Day \$13 per order

Next Business Day \$18 per order

(Charges subject to change)

Note: Faster delivery only affects shipping time, not processing time of your order. Second day and next day delivery orders can only be sent to a street address, not a P.O. Box.



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