


Mail Service Pharmacy Order Form



	<p>Mail this form to:</p> <p style="text-align: center;">  CVS Caremark Mail Service Pharmacy PO BOX 659541 SAN ANTONIO, TX 78265-9541 </p>																				
Member ID # (if not shown or if different from above) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																					
Prescription Plan Sponsor or Company Name																					

Instructions:
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 or new prescriptions online at www.caremark.com or call 1-800-933-NALC or 1-800-933-6252.

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

Last Name	First Name	MI	Suffix (JR, SR)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/>
Street Address	Apt./Suite #		<input type="radio"/> Use shipping address for this order only.
<input style="width: 100%;" type="text"/>	<input style="width: 60px;" type="text"/>		
City	State	ZIP Code	
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>	
Daytime Phone #: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Evening Phone #: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		

B Refills. 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. If you choose to receive a brand name drug when a federally-approved generic drug is available, and your physician has not specified "Dispense as Written" for the brand name drug, you have to pay the difference in cost between the brand name drug and the generic. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

Please fold here →

Please fold here →

Please fold here →

Please fold here →

* WEB *

* WEB *

We may package all of these prescriptions together unless you tell us not to.
 All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.



