Please fold here→



	Mail this form to:	
Member ID # (if not shown or if different from above)	lullulululullulluululuulluullluuullluulul	
Prescription Plan Sponsor or Company Name		
Instructions: Please use blue or black ink, capital letters, and 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:  FOR FASTEST SERVICE, order refills at www.caremark.com or call toll-free 1-877-906-6844.		
A Shipping Address. To ship to an address different from the one printed above, please make changes here.		
Last Name  Street Address	First Name  MI Suffix (JR, SR)  Apt./Suite #  Use shipping address for this order only.	
City  Daytime Phone #:	State ZIP Code  Evening Phone #:	
<b>B</b> Refills. To order mail service refills, enter your prescription number(s) here.		
1)2)	3)4)	
5), 6),	7) 8)	
substitute equivalent generic medicines for brand name	dicines at the best possible price. In order to do this, we will e medicines whenever possible. If you do not want us to including drug names, in the "Special Instructions" section of	

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.



■ 1st person with a refill or new prescription.  Last Name  First Name	○ Spanish forms and label
Lastivalie	Suffix (JR,SR)
NICKNAME Gender: () M () F Date of B MM-DD-Y	
	Date new prescription written:
Doctor's Last Name Doctor's First Name	Doctor's Phone #
Tell us about new health information for 1st person if never	provided or if changed.
Allergies: None Aspirin Cephalosporin Codeir Sulfa Other:	ne
Medical Conditions: Arthritis Asthma Diabetes Action High Blood Pressure High Cholesterol Migraine Other:	Osteoporosis O Prostate Issues O Thyroid
2nd person with a refill or new prescription.	) Spanish forms and label
Last Name First Name	MI Suffix (JR,SR)
MICKNAME Gender: M OF MM-DD-Y	irth:
E-Mail Address:	Date new prescription written:
Doctor's Last Name Doctor's First Name	Doctor's Phone #
Tell us about new health information for 2nd person if never	provided or if changed.
Allergies: None Aspirin Cephalosporin Codeir Sulfa Other:	ne
Medical Conditions: Arthritis Asthma Diabetes Ac High Blood Pressure High Cholesterol Migraine	Osteoporosis O Prostate Issues O Thyroic
Other: Special Instructions:	
<b>How would you like to pay for this order?</b> (If your copay is \$0	
Electronic Check. Pay from your bank account. (You must	first register online or call Customer Care.)
Use my PayPal Credit account. Works like a credit card. (Yo	ou must first register online or call Customer Care.
Oredit or Debit Card. (VISA®, MasterCard®, Discover®, or A	American Express®)
Fill in this oval to use your card on file.	
Fill in this oval to use a new card or to update your card ex	xpiration date.
Exp.Date MMYY	
Check or Money Order. Amount: \$	Credit Card Holder Signature/Date
	Decides delicements for a good will take our to 4
<ul> <li>Make check or money order out to CVS/caremark.</li> <li>Write your prescription benefit ID number on your check or money order.</li> </ul>	Regular delivery is free and will take up to 1 days from the day you send this form.  If you want faster delivery, choose:  2nd Business Day (\$17) Business day
<ul> <li>Write your prescription benefit ID number on your check or money order.</li> <li>If your check is returned, we will charge you up to \$40.</li> </ul>	days from the day you send this form.  If you want faster delivery, choose:
<ul> <li>Write your prescription benefit ID number on your check or money order.</li> </ul>	days from the day you send this form.  If you want faster delivery, choose:  2nd Business Day (\$17) Business day are only

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