


Dear Valued Member:

This is a one time use card that should be provided to your pharmacy for updating prescription billing beginning 01/01/2017. This one time use card contains information needed by your pharmacist beginning 01/01/2017.

1. Please fill in your name and ID number. (If you do not have your ID number please use your SSN as your ID. If you are not comfortable writing your ssn on the temp card, please give it to the pharmacists as this is needed to process prescriptions).
2. Please present this card to the pharmacists. (Confirm your Date of Birth and company you have coverage under ie. Corporate Risk Holdings)

CVS/caremark™

RxBIN: 004336
RxPCN: ADV
RxGRP: RX1348
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 1-877-906-6844

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

3. For questions or concerns, please call toll-free at 1-877-906-6844 to speak to a Customer Care representative 24 hours a day, seven days a week.

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