




Dear Valued Member:

This card that should be provided to your pharmacy for updating prescription billing.

1. Please fill in the underlined areas with your name and ID number. (This information is needed by the pharmacist to process prescriptions.)
2. Please present this temporary ID card to the pharmacist.



RxBIN: 004336
RxPCN: ADV
RxGRP: RX1296
Issuer (80840): 9151014609

ID: _____
NAME: _____

Visit [Caremark.com](https://www.caremark.com) for easy refills, timesaving tools and more.

Present this prescription card to fill your prescription at any participating retail pharmacy.

Customer Care Representative: 1-866-355-5999	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. Beginning on your plan start date you may sign in or register at [Caremark.com/startnow](https://www.caremark.com/startnow) or download the CVS Caremark mobile app to view or print a temporary ID card.
4. For questions or concerns, please call toll-free at 1-866-355-5999 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.