

Mail Service Order Form

The enclosed Mail Service Order Form may be used to order new prescriptions or to refill an existing prescription. For the fastest service on refills, go to www.caremark.com to order or call the number on your prescription benefit identification card.

Form Instructions:

- Please PRINT in CAPITAL letters using **BLACK** or **BLUE** ink only.
- Fill in the applicable ovals completely (●).
- Fill in each box with the appropriate information including last name, first name, nickname, date of birth, and credit card information:
 - **Please note:** *Some boxes that must be filled-in may already have letters inside them that are watermarks. For example:*

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Please write in your personal information in each box directly on top of these letters; the watermark will not obstruct your written information.

- **Prescription Information:** Medicare D Members are only allowed to submit the Mail Service Order Form for themselves. Medicare D Member should only fill in the section titled "1ST PERSON ORDERING A PRESCRIPTION" located on the back of the Mail Service Order Form. ***(Please disregard the second section on the back page of the form titled "2ND PERSON ORDERING A PRESCRIPTION". It is not applicable to Medicare D Members.)***
- **Payment Information:** Mail this completed form, the doctor's signed prescription(s), and your payment to CVS Caremark in the envelope provided or to the address located on the top of this form. If you are using the Credit Card payment option, please include you 16 digit credit card number and the expiration date in the boxes provided on the form. Make sure to fill in the oval applicable to the payment method you prefer.
 - **Please note:** If selecting the credit/debit card option, some boxes that must be filled in may already have letters inside them that are watermarks. Write your credit card information/expiration date in each designated box directly on top of these letters; the watermark will not obstruct your information.

For information or questions, visit our Web site at Groups.RxMedicarePlans.com or call Customer Care toll-free at 1-888-543-4917, 24 hours a day, 7 days a week. TTY users should call 1-866-236-1069.