



Dear Valued Member:

THIS IS A ONE-TIME CARD TO BE USED UNTIL YOUR PERMANENT CARD ARRIVES. PLEASE DISCARD THIS PIECE OF PAPER AFTER RECEIVING YOUR PERMANENT CARD IN THE MAIL.

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.

**CVS
CAREMARK**

NAME: _____

ID: CARDHOLDER SSN

RxBIN: 004336

RxPCN: ADV

RxGRP: RX4993

Issuer (80840): 9151014609

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 [1-866-818-6911](tel:1-866-818-6911).

Pharmacy Help Desk for Pharmacists: [1-800-364-6331](tel:1-800-364-6331)

Submit paper claims to:
CVS Caremark Claims Department
[P.O. Box 52136, Phoenix, AZ 85072-2136](mailto:CVS_Caremark_Claims@caremark.com)

3. For questions or concerns, please call toll-free at [1-866-818-6911](tel:1-866-818-6911) 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.