

Caremark Mail Service Order Form Guide

Simply follow these six steps to fill out your new mail service order form, and get started enjoying the convenience and savings of Caremark prescription home delivery.

1 Fill in the ID Number. The ID number is on your prescription/medical benefit card and it identifies the cardholder. (On your next order, your ID number will be pre-printed above this field.)

2 Fill in your address and phone number in its entirety. Be sure to fill in the oval if you want your prescription to go to a one-time address.

3 Enter the name of your prescription plan sponsor or Company, i.e., the company that provides your prescription benefit plan.

4 Affix refill labels here or write in prescription number(s) to be refilled. If you are ordering more than 4 refills, affix additional refill stickers to a blank piece of paper or the Refill Order Continuation Form.

CAREMARK
It all starts with care.

MAIL SERVICE ORDER FORM

Mail order form to:
Caremark
P.O. Box 94467
Palatine, IL 60094-4467

Enter ID # below if not shown or if different from above

Use this form to order NEW and/or REFILL mail service prescriptions. Please print in **BLUE** or **BLACK INK** using CAPITAL letters only. FOR FASTEST SERVICE: Order refills and verify benefit information at

Address Change/Shipping Information (Complete **ONLY IF DIFFERENT** or not shown above)

Last Name First Name MI Suffix (JR, SR)
Street Address Apt./Suite#
City State Zip Code

Prescription Sponsor or Company Name Daytime Phone#
Evening Phone#

Refill Information - To order NEW prescriptions, mail the doctor's prescription(s) with this form.

If space is needed for more refill labels, you may: 1) attach labels to a blank piece of paper and send with this order form, or 2) print a Refill Order Continuation Form at Caremark.com, or 3) call Caremark Customer Care.

Apply Caremark Refill Label here
write prescription number above

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Unless otherwise directed, all prescriptions received on a single order form or in a single envelope may be shipped together in one package.
Please turn over to provide additional information.

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- 5 Provide information for the first person submitting a prescription.
 - Indicate if you would like your order to include Easy-Open Caps. Most prescriptions have combination easy open/safety caps. However, some come only with safety caps, unless easy-open caps are requested.
 - Be sure to completely fill out your Doctor/Prescriber's First Name and Last Name and Telephone Number.
 - Fill in the ovals under Allergies if you are allergic to any drugs or foods. If you do not see the drug or food you are allergic to, fill in the Other oval and write it in.
 - Fill in the ovals if you have any Health Conditions. If you do not see your health condition, fill in the Other oval and write it in.

Note: It is only necessary to report allergies and health conditions the first time you submit a mail service order to Caremark, or if there are changes.

5a (OPTIONAL) Provide information for the second person if you are submitting prescriptions for two family members. If this is the case, provide the same information as in STEP 4.

6 Fill in the appropriate oval for your method of payment. If you are paying by check or money order, please write your ID number on the check. If you are paying by credit card, be sure to include your signature. By filling in the top oval, the credit card number you provide will be used on future orders. **DO NOT SEND CASH.** Standard ground shipping is free. Fill in an oval for expedited delivery.

The image shows a Caremark prescription form with several callouts:

- 5**: Points to the name and doctor information for the first person.
- 5a**: Points to the name and doctor information for a second person.
- 6**: Points to the credit card number field.

 The form includes the following sections:

- Section 1:** Patient information for the first person (Last Name, First Name, MI, Suffix, Alternate Name, Gender, Date of Birth, E-mail address).
- Section 2:** Doctor information for the first person (Last Name, First Name, Telephone #).
- Section 3:** Allergies and Health Conditions (Aspirin, Cephalosporin, Codeine, Erythromycin, Peanuts, Penicillin, Sulfonamides/Sulfa, High Blood Pressure, High Cholesterol, Migraine, Osteoporosis, Prostate Disorders, Thyroid).
- Section 4:** Patient information for a second person (Last Name, First Name, MI, Suffix, Alternate Name, Gender, Date of Birth, E-mail address).
- Section 5:** Doctor information for the second person (Last Name, First Name, Telephone #).
- Section 6:** Allergies and Health Conditions for the second person.
- Section 7:** Method of Payment/Shipping Information (Check, Money Order/Cashier's Check, Voucher/Coupon, Credit Card, Expedited Delivery).
- Section 8:** Comments/Special Instructions.
- Section 9:** Barcode and tracking information.

That's It!

Now, simply mail your order form along with your prescription(s) and payment in the enclosed envelope. Be sure to fold the form on the lines indicated so the Caremark address shows through the window of the return envelope.