

Please fold here ->

	Mail this form to:	
Member ID # (if not shown or if different from above)	ЧрШишишишициицииции CVS CAREMARK PO BOX 2110 PITTSBURGH, PA 15230-2110	
Prescription Plan Sponsor or Company Name		
Instructions: Please use blue or black ink, capital letters, and fill New Prescriptions - Mail your new prescriptions with Refills - Order by Web, phone, or write in Rx number(s TO RECEIVE YOUR ORDER SOONER request refills call toll-free 1-800-552-8159.	h this form.Number of New prescriptions:s) below.Number of Refill prescriptions:	
A Shipping Address. To ship to an address different	t from the one printed above, please make changes here.	
Last Name Street Address	First Name MI Suffix (JR, SR) Apt./Suite # Use shipping address for this order only.	
City Daytime Phone #:	State ZIP Code Evening Phone #: -	
B Refills. To order mail service refills, enter your pre	scription number(s) here.	
1) 2)	3) 4)	
5) 6)	7) 8)	
Medicaid Members cannot choose 2 nd Business Day or Next Business Day delivery options in Section E on the back of this form. Please visit your retail pharmacy if you need your prescription right away.		
	y medicines at the best possible price. In order to do for brand name medicines whenever possible. If you do ecific instructions, including drug names, in the "Special	

We may package all of these prescriptions together unless you tell us not to.

All claims for prescriptions submitted to CVS Caremark Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.



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C Tell us about the people getting prescriptions. If there are more than two people, please complete another form.

>	
1st person with a refill or new prescription.	◯ Spanish forms and labels
LASTNAME	T N A M E M Suffix (JR,SR)
NICKNAME Gender: () M () F Date of Bi	rth: MM-DD-YYYY
	ate new prescription written:
Doctor's Last Name Doctor's First Name	Doctor's Phone #
Tell us about new health information for 1st person if never p	rovided or if changed.
	e () Erythromycin () Peanuts () Penicillin
Medical Conditions: () Arthritis () Asthma () Diabetes () Acia () High Blood Pressure () High Cholesterol () Migraine () () Other:	Ŭ Ŭ
2nd person with a refill or new prescription.	◯ Spanish forms and labels
	T N A M E M (JR,SR)
NICKNAME Gender: () M () F Date of Bi	
	ate new prescription written:
Doctor's Last NameDoctor's First NameTell us about new health information for 2nd person if never person	Doctor's Phone #
Allergies: None Aspirin Cephalosporin Codeine Sulfa Other: Other: Other: Other:	e (Erythromycin 🌔 Peanuts 🔵 Penicillin
Medical Conditions: () Arthritis () Asthma () Diabetes () Acia () High Blood Pressure () High Cholesterol () Migraine () () Other:	Osteoporosis O Prostate Issues O Thyroid
Other:	
·	
How would you like to pay for this order? (If your copay is \$0,	
Electronic Check. Pay from your bank account. (You must find the second se	•
○ ØBillMeLater [®] Works like a credit card. (You must first regist	er online or call Customer Care.)
O Credit or Debit Card. (VISA®, MasterCard®, Discover®, or Ar	merican Express®)
○ Fill in this oval to use your card on file.	
O Fill in this oval to use a new card or to update your card exp	piration date.
CARDNUMBER Date MMYY	·
Check or Money Order. Amount: \$	Credit Card Holder Signature/Date
 Make check or money order out to CVS Caremark. Write your prescription benefit ID number on your 	Regular delivery is free and will take up to 10 days from the day you send this form.
check or money order.	If you want faster delivery, choose: () 2nd Business Day (\$17) Business days
 If your check is returned, we will charge you up to \$40. 	Next Business Day (\$23) Monday-Friday
Payment for Balance Due and Future Orders: If you chose Electronic Check, Bill Me Later [®] , or a Credit or Debit Card,	Faster delivery charges may change.
we will also use it to pay for any balance that you owe and for future orders.	 Faster delivery is for shipping time only, not processing Faster delivery can only be sent to a street address, not a PO Box.
O Fill in this oval if you DO NOT want to use this payment	
method for future orders.	
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