



Mail Service Order Form

Mail this form to:

CVS Caremark
PO BOX 659541
SAN ANTONIO, TX 78265-9541

Member ID # (if not shown or if different from above)

SilverScript

Prescription plan sponsor name

Choose one of three ways to order:

Online: Visit Caremark.com

By phone: Call us at 1-866-235-5660

By mail: Complete both sides of this form and mail it with your check or credit card information. For new prescriptions, be sure to include your original paper prescription. Please use **black or blue ink** and print in CAPITAL letters. **Medicare** members should complete one form per person.

of **New** prescriptions:

of **Refill** prescriptions:

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name

First Name

MI

Suffix (JR, SR)

Street Address

Apt./Suite #

Use shipping address for this order only.

City

State

ZIP Code

Daytime Phone #: --

Evening Phone #: --

B Refills. To order mail service refills, enter the Rx number(s) found on your prescription label.

1) _____ 2) _____ 3) _____ 4) _____

5) _____ 6) _____ 7) _____ 8) _____

To provide you with high quality medications at the lowest possible price, CVS Caremark will substitute equivalent generic medications for brand name medications whenever possible. If you do not want us to substitute generics, please provide specific instructions, including medication names, in the "Special Instructions" section of this form.

All claims for prescriptions submitted to CVS Caremark Mail Service 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.



