Save time with home delivery

Our home-delivery** service through CVS† Caremark® lets you have up to a 90-day supply of your medications mailed safely to your door. You save time, and in many cases, you save money too. We can even automatically refill and renew your home-delivery prescriptions at no extra cost.

Convenience

Your medications are delivered right to you, saving you trips to the pharmacy and travel time. Plus, shipping is always free! We even contact your doctor to ask for a 90-day prescription.

Savings

$0 copay for select medications* filled at CVS† Caremark.® That means you don't pay anything for those medications!

Get started today!

Call CVS† Caremark® toll-free at **1-888-624-1139 (TTY: 711)**, 24 hours a day, 7 days a week. Or visit Caremark.com.

***For our Medicare Advantage members with Part D coverage (MAPD),** this applies to Tier 1 (preferred generic) and Tier 2 (generic) medications.

To learn more, please refer to the plan's online approved drug list (Formulary). Members may call the number on the back of their member ID card.

†Other pharmacies are available in our network.

**Home delivery, also known as mail order pharmacy.

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Ascension Complete is contracted with Medicare for HMO and PPO plans.

Enrollment in Ascension Complete depends on contract renewal.

Our plans use a formulary.

Please contact your plan for details.

RESET FORM PRINT FORM

CVS caremark®

Mail Service Order Form

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

Prescription Plan Sponsor or Company Name

Mail this form to:

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

Please fold here

Instructions:
Please use **blue or black ink** and **print in capital letters.** Fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills - Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online at www.caremark.com or call toll-free 1-888-624-1139. TTY 711, 24 hours a day, 7 days a week.

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 #: - -

Please fold here

B Refills. To order mail service refills, enter your prescription number(s) here.

1) 2) 3) 4)

5) 6) 7) 8)

CVS Caremark wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

* WEB *

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

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.

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

First person with a refill or new prescription. ◯ Spanish forms and labels

Last Name | First Name | MI | Suffix (JR,SR)

Nickname | Gender: ◯ M ◯ F | Date of birth: MM-DD-YYYY

E-mail address: ______ Date 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 provided or if changed.

Allergies: ◯ None ◯ Aspirin ◯ Cephalosporin ◯ Codeine ◯ Erythromycin ◯ Peanuts ◯ Penicillin ◯ Sulfa ◯ Other: ______

Medical conditions: ◯ Arthritis ◯ Asthma ◯ Diabetes ◯ Acid reflux ◯ Glaucoma ◯ Heart problem ◯ High blood pressure ◯ High cholesterol ◯ Migraine ◯ Osteoporosis ◯ Prostate issues ◯ Thyroid ◯ Other: ______

Second person with a refill or new prescription. ◯ Spanish forms and labels

Last Name | First Name | MI | Suffix (JR,SR)

Nickname | Gender: ◯ M ◯ F | Date of birth: MM-DD-YYYY

E-mail address: ______ Date new prescription written: ______

Doctor's last name | Doctor's first name | Doctor's phone #

Tell us about new health information for 2nd person if never provided or if changed.

Allergies: ◯ None ◯ Aspirin ◯ Cephalosporin ◯ Codeine ◯ Erythromycin ◯ Peanuts ◯ Penicillin ◯ Sulfa ◯ Other: ______

Medical conditions: ◯ Arthritis ◯ Asthma ◯ Diabetes ◯ Acid reflux ◯ Glaucoma ◯ Heart problem ◯ High blood pressure ◯ High cholesterol ◯ Migraine ◯ Osteoporosis ◯ Prostate issues ◯ Thyroid ◯ Other: ______

Please fold here

D **Special instructions:** ______

E **How would you like to pay for this order?** (If your copay is $0, you do not need to provide payment information.)

◯ **Electronic check.** Pay from your bank account. (You must first register online or call Customer Care.)

◯ **Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)

◯ Use your card on file.

◯ Use a new card or update your card's expiration date.

Exp.Date MMYY

Credit card holder signature/Date

◯ **Check or money order.** Amount: $ ____ . __

- Make check or money order payable to CVS Caremark.
- Write your prescription benefit ID number on your check or money order.
- If your check is returned, we will charge you up to $40.

Payment for Balance Due and Future Orders: If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

◯ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Regular delivery is free and takes up to 5 days after your order is processed.
If you want faster delivery, choose:

◯ **2nd business day ($17)**

◯ **Next business day ($23)**

Faster delivery can only be sent to a street address, not a PO Box

Expected processing time from receipt of this form:

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor

(Charges subject to change)

Please fold here

* WEB *

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