

MAIL SERVICE ORDER FORM

CHRISTOPHER WATTS

christopher.watts@caremark.com

Mail order form to:


CAREMARK MRK
P O BOX 94467
PALATINE IL 60094-4467

011436
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 www.caremark.com or call toll-free 1-866-284-9226.

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

Last Name	First Name	MI	Suffix (JR, SR)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Apt./Suite#		
<input type="text"/>	<input type="text"/>		
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	
	Daytime Phone#:	<input type="text"/> - <input type="text"/> - <input type="text"/>	
<input type="radio"/> Fill in oval if one time only address.	Evening Phone#:	<input type="text"/> - <input type="text"/> - <input type="text"/>	

Rx 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 <input type="text"/> or write prescription number above	Apply Caremark Refill Label here <input type="text"/> or write prescription number above
Apply Caremark Refill Label here <input type="text"/> or write prescription number above	Apply Caremark Refill Label here <input type="text"/> or write prescription number above

Visit www.caremark.com for the fastest refills. Log in to check order status and access personalized information about your prescription benefits.

IMPORTANT NOTICE: When getting a new prescription, be sure to ask your doctor to write your prescription for the maximum amount allowed by your benefit plan, usually a 90-day supply. Make sure your doctor SIGNS and DATES all new prescriptions.

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.



Please fold here

Please fold here

Please fold here

Please fold here

* WEB *

* WEB *

