MAIL SERVICE ORDER FORM

Mail order form to:

CAREMARK  MTP STD
PO 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 www.caremark.com or call the number on your prescription benefit identification card.

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

Last Name
Street Address
City

First Name
Apt./Suite#
State
Zip Code

MI  Suffix (JR, SR)

Use this address for this order only.

Prescription Plan Sponsor or Company Name

Daytime Phone#:    -    -    -
Evening Phone#:    -    -    -

NEW prescriptions - Mail Rx(s) with this form. REFILLS - Put refill sticker(s) below.

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 our Web site above, or 3) call Caremark Customer Care number on your prescription benefit identification card.

Apply Caremark Refill Label here
or
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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Fill in for up to two individuals who will receive prescriptions with this order.

**#1:**
- **Last Name:** [ ]
- **Alternate Name (Nickname):** [ ]
- **Gender:**  ☐ M  ☐ F
- **Date of Birth:** [ ]
- **Date new prescription(s) received from doctor:**
- **Allergies:** ☐ Aspirin  ☐ Cephalosporin  ☐ Codeine  ☐ Erythromycin  ☐ Peanuts  ☐ Penicillin  ☐ Sulfonamides/Sulfa
- **Health Conditions:** ☐ Arthritis  ☐ Asthma  ☐ Diabetes  ☐ GERD (Acid Reflux)  ☐ Glaucoma  ☐ Heart Condition  ☐ High Blood Pressure  ☐ High Cholesterol  ☐ Migraine  ☐ Osteoporosis  ☐ Prostate Disorders  ☐ Thyroid
- **Other:**

**#2:**
- **Last Name:** [ ]
- **Alternate Name (Nickname):** [ ]
- **Gender:**  ☐ M  ☐ F
- **Date of Birth:** [ ]
- **Date new prescription(s) received from doctor:**
- **Allergies:** ☐ Aspirin  ☐ Cephalosporin  ☐ Codeine  ☐ Erythromycin  ☐ Peanuts  ☐ Penicillin  ☐ Sulfonamides/Sulfa
- **Health Conditions:** ☐ Arthritis  ☐ Asthma  ☐ Diabetes  ☐ GERD (Acid Reflux)  ☐ Glaucoma  ☐ Heart Condition  ☐ High Blood Pressure  ☐ High Cholesterol  ☐ Migraine  ☐ Osteoporosis  ☐ Prostate Disorders  ☐ Thyroid
- **Other:**

**Method of Payment/Shipping Information**
- **Please make check or money order payable to Caremark. Include ID# on check/money order.**
- **Check** ☐  **Money Order/Cashier’s Check** ☐  **Voucher/Coupon** ☐  **Amt. of check/money order:** $[ ]
- **OR pay by credit or debit card (preferred). We accept VISA®, MasterCard®, Discover®, and American Express®.**
- **Fill in oval to charge most recently used credit card for this order and future orders for all individuals included in the family.**
- **Fill in oval to charge most recently used credit card for this order only.**

To add, change or update your credit card information, write in below:
- **Credit/Debit Card Number:** [ ]
- **Credit Card Holder Signature:** [ ]
- **Expiration Date:** [ ]

Your credit card will be billed for prescription costs and expedited shipping (if requested).

By submitting this form you acknowledge that eligibility under the prescription benefit is subject to plan verification and that you/your dependents do not have primary prescription coverage under any other plan.

**Please make check or money order payable to Caremark. Include ID# on check/money order.**
- **Check** ☐  **Money Order/Cashier’s Check** ☐  **Voucher/Coupon** ☐  **Amt. of check/money order:** $[ ]
- **OR pay by credit or debit card (preferred). We accept VISA®, MasterCard®, Discover®, and American Express®.**

To add, change or update your credit card information, write in below:
- **Credit/Debit Card Number:** [ ]
- **Credit Card Holder Signature:** [ ]
- **Expiration Date:** [ ]

Your credit card will be billed for prescription costs and expedited shipping (if requested).

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