MAIL SERVICE
ORDER FORM

Mail order form to:

CVS CAREMARK
PGH WB STD
PO BOX 2110
PITTSBURGH, PA 15230-2110

Enter ID# if not shown or different from above

Prescription Plan Sponsor or Company Name

DIRECTIONS: Print in BLUE or BLACK ink, using CAPITAL letters. Fill in ovals completely (●). Complete both sides of form.

To order new prescriptions: Mail your prescription(s) with this form. # of new prescriptions: ___

To order refills: Order by Web, phone, or write in Rx number(s) below. # of refill prescriptions: ___

For fastest service, order refills at www.caremark.com or call the number on your prescription benefit identification card.

SHIPPING ADDRESS IF NOT SHOWN OR DIFFERENT FROM ABOVE:

Last Name

First Name

MI Suffix (JR, SR)

Apt./Suite#

Use this address for this order only.

Street Address

City

State ZIP Code

Daytime Phone #: ___-___-____

Evening Phone #: ___-___-____

REFILL INFORMATION:

To order mail service refills, enter your prescription number(s) here:

1) ________ 2) ________ 3) ________ 4) ________

5) ________ 6) ________ 7) ________ 8) ________

Prescriptions sent in one envelope may be shipped together unless you request otherwise.
### 1st PERSON ORDERING A PRESCRIPTION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Suffix (JR, SR)</th>
</tr>
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<tbody>
<tr>
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**Nickname:** [Insert nickname]

**Gender:** M / F

**Date of Birth:** MM-DD-YYYY

**Credit Card Holder Signature/Date:**

**Allergy/Health Information:** Complete only if changed or not previously reported

<table>
<thead>
<tr>
<th>Allergies:</th>
<th>None</th>
<th>Aspirin</th>
<th>Cephalosporin</th>
<th>Codeine</th>
<th>Erythromycin</th>
<th>Peanuts</th>
<th>Penicillin</th>
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<table>
<thead>
<tr>
<th>Conditions:</th>
<th>Arthritis</th>
<th>Asthma</th>
<th>Diabetes</th>
<th>Acid Reflux</th>
<th>Glaucoma</th>
<th>Heart Problem</th>
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**Special Instructions:**

**Payment Information:** Select one payment method below.

- Electronic Check Processing (Please pre-register at Caremark.com or call Customer Care)
- Bill Me Later® (Subject to credit approval. Please pre-register at Caremark.com or call Customer Care)
- Credit/Debit Card (VISA, MasterCard, Discover or American Express)
  - Charge most recently used credit card
  - Charge new/updated credit/debit card (provide info below)
- Charge new/updated credit/debit card (provide info below)

**Check/Money Order:** Amount $ [Insert amount]

- Make check or money order payable to CVS Caremark and write your ID# on the check/money order. Returned checks will be subject to a fee of up to $40, depending on state law.
- The selected payment method (unless paying by check) will be charged for future orders, unless a different form of payment is provided. It will also be charged for any outstanding balance due.
- Fill in oval if you DO NOT want the selected payment method to be automatically charged for future orders.

**REGULAR DELIVERY IS FREE**

(Allow up to 10 days for delivery)

**Fill in oval for faster delivery:**

- 2nd Business Day $17 per order
- Next Business Day $23 per order

Faster delivery options only affect shipping time, not processing time, and can only be sent to a street address, not a P.O. box.