CVS caremark®
Mail Service Order Form

CarePartners of Connecticut

Mail this form to:

CVS Caremark
PO BOX 2110
PITTSBURGH, PA 15230-2110

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

CarePartners of Connecticut
Prescription plan sponsor name

Please fold here

Choose one of three ways to order:

Online: Visit carepartnersct.com

By phone: Call 1-844-224-7947 (TTY/TDD 711)

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)_____

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.

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 member who the prescriptions are for:

Fill in oval to receive mail service forms and prescription drug labels in Spanish: ○

LAST NAME | FIRST NAME | M | Suffix (JR,SR)

NICKNAME | Gender: ○ M ○ F | Date of birth: MM-DD-YYYY

E-mail address: _____

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

Tell us about new health information 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: _____

Medicare part D members do not need to complete the section below.

Please fold here →

Suffix (JR,SR)

Gender: ○ M ○ F | Date of birth: __-__-____

E-mail address: _____

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

Tell us about new health information 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: _____

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 at Caremark.com or call Customer Care.)

Please fold here →

○ **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.

CARD NUMBER | Exp. Date MMYY

Credit card holder signature/date

○ **Check or money order.** Amount: $ ____ . ____

- Make check or money order payable to CVS Caremark.
- Write your member 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 to pay by 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.

Processing time takes up to 5 days. Shipping options:

○ **Free shipping (takes 3-5 days)**

○ **2nd business day ($17)**

○ **Next business day ($23)**

2nd day or next day delivery:
- Can only be sent to a street address, not a PO Box.
- Applies to shipping time only, not processing.
- Charges may change