



Dear Valued Member:

This is a one time use card that should be provided to your pharmacy for updating prescription billing.

1. Please fill in the underlined areas with your name and ID number. (This information is needed by the pharmacist to process prescriptions.)
2. Please present this temporary ID card to the pharmacist.

RxBIN:	004336
RxPCN:	ADV
RxGRP:	RX0739
Issuer (80840):	9151014609
ID:	_____
NAME:	_____

Visit Caremark.com for easy refills, timesaving tools and more.	
Present this prescription card to fill your prescription at any participating retail pharmacy.	
Customer Care Representative: 1-888-202-1654	Pharmacy Help Desk for Pharmacists: 1-800-364-6331
Submit paper claims to: CVS Caremark Claims Department P.O. Box 52136, Phoenix, AZ 85072-2136	

3. You may sign in or register at [Caremark.com/startnow](https://www.Caremark.com/startnow) or download the CVS Caremark mobile app to view or print a temporary ID card.
4. For questions or concerns, please call toll-free at 1-888-202-1654 to speak to a Customer representative 24 hours a day, seven days a week.