



**STEP 2****Submission Requirements:**

You **MUST** include all original “pharmacy” receipts in order for your claim to process.

The minimum information that must be included on your pharmacy receipts is listed below:

- Patient Name
- Date of Fill
- Days Supply for your prescription (you need to ask your pharmacist for this “Day Supply” information)
- Pharmacy Name and Address or Pharmacy NABP Number
- Prescription Number
- Metric Quantity
- Medicine NDC number
- Total Charge

A valid Prescribing Physician’s NPI (National Provider Identification) number is required, please provide: \_\_\_\_\_

Prescribing physician’s information (all fields required):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Additional Comments
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**STEP 3****Mailing Instructions:****MAIL TO:**

CVS/caremark  
 P.O. Box 52136  
 Phoenix, Arizona 85072-2136

**IMPORTANT REMINDER****To avoid having to submit a paper claim form:**

- Always have your card available at time of purchase.
- Always use pharmacies within your network.
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.