

4 Mail This Completed Form To:

Please refer to your prescription card to ensure this form is mailed to the proper address.

IF 610415 IS THE RXBIN # ON YOUR CARD MAIL THE COMPLETED FORM TO:

Caremark
P.O. Box 52116
Phoenix, Arizona 85072-2116

IF 004336 IS THE RXBIN # ON YOUR CARD MAIL THE COMPLETED FORM TO:

Caremark
P.O. Box 52136
Phoenix, Arizona 85072-2136

Knowingly filing an insurance claim containing materially false information or concealing any material information with the intent to defraud an insurance company or other person is a fraudulent insurance act, which is a crime and subjects one to criminal and civil penalties.