



RxBIN: 004336
RxPCN: ADV
RxGRP: RX7316
Issuer (80840): 9151014609



ID: _____
NAME: _____

Present this card at any participating retail pharmacy to obtain your short-term supply of medicine. For additional pharmacies go to www.caremark.com or contact a Customer Care representative.

Customer Care: 1-888-202-1654

Submit paper claims to:
CVS Caremark Claims Department
P.O. Box 52136, Phoenix, AZ 85072-2136



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