

STEP 2**Submission Requirements:**

You **MUST** include all original pharmacy receipts in order for your claim to process. Cash register receipts will only be accepted for diabetic supplies. The minimum information required is:

- Patient Name
- Date of Fill
- Total Charge
- Prescription Number
- Metric Quantity
- Pharmacy Name and Address or Pharmacy NABP Number
- Medicine NDC number
- Days Supply

STEP 3**Mailing Instructions:**

CVS
CAREMARK

[REDACTED]	[REDACTED]
RXPCN:	CRK
RXGRP:	XXXXX
ISSUER:	(80840)
ID	
Name	

CVS Caremark
P.O. Box 52092
Phoenix, Arizona 85072-2092

CVS Caremark
P.O. Box 52193
Phoenix, Arizona 85072-2193

CVS Caremark
P.O. Box 52077
Phoenix, Arizona 85072-2077

CVS Caremark
P.O. Box 52066
Phoenix, Arizona 85072-2066

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 .