CVS Caremark Mail Service Order Form Guide

Simply follow these six steps to fill out your new mail service order form, and get started enjoying the convenience and savings of CVS Caremark Mail Service Pharmacy.

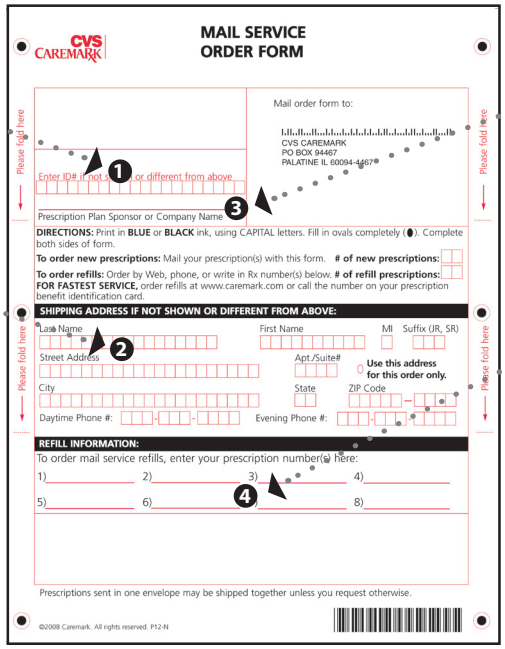
1. Fill in the ID Number. The ID number is on your benefit ID card and it identifies the card holder. (On your next order, your ID number will be pre-printed above this field.)

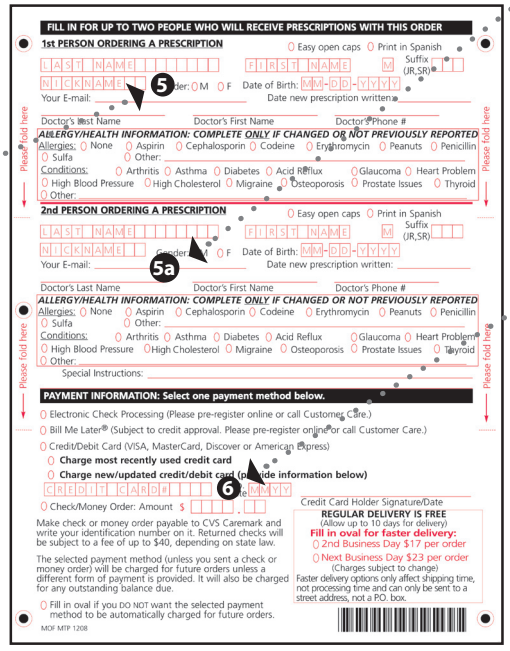
2. Fill in your address and phone number in its entirety. Be sure to fill in the oval if you want your prescription mailed to a one-time address.

5. Provide information for the first person submitting a prescription.

- Indicate if you would like your order to include Easy-Open Caps. Most prescriptions have combination easy open/safety caps. However, some come only with safety caps, unless easy-open caps are requested.
- Be sure to completely fill out your Doctor's First Name and Last Name and Telephone Number.
- Fill in the ovals under Allergies if you are allergic to any drugs or foods. If you do not see the drug or food you are allergic to, fill in the Other oval and write it in.
- Fill in the ovals if you have any Health Conditions. If you do not see your health condition, fill in the Other oval and write it in.

Note: It is only necessary to report allergies and health conditions the first time you submit a mail service order to CVS Caremark, or if there are changes.





3. Enter the name of your prescription plan sponsor or Company, i.e., the company that provides your prescription benefit plan.

4. For new prescriptions, simply enclose the original prescription(s) with your order form. For refills, write in the prescription number(s) in the spaces provided. When you receive your prescription order, a refill order form will be enclosed that will list your refills. Simply fill in the ovals for the prescriptions you want to refill.

5a. (OPTIONAL) Provide information for the second person if you are submitting prescriptions for two family members. If this is the case, provide the same information as in STEP 4.

6. Fill in the appropriate oval for your method of payment. If you are paying by check or money order, please write your ID number on the check. If you are paying by credit card, be sure to include your signature. Do not send cash. Regular delivery is free. Fill in an oval for optional expedited delivery.

7. Make sure you enclose the original prescription(s) you received from your doctor (not photo copies).

That's It!

Now, simply mail your order form along with your prescription(s) and payment in the envelope provided to the address printed on the form. Be sure to fold the form on the lines indicated so the address shows through the window of the return envelope.

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