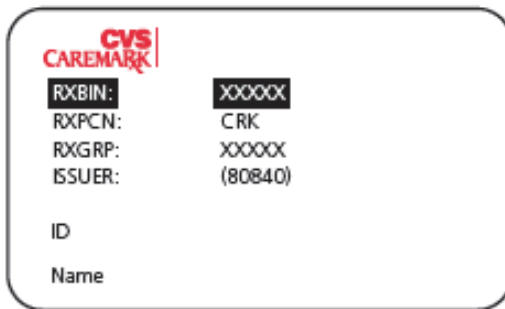




**STEP 2****Submission Requirements:**

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:**

The RXBIN # is located on front of your CVS Caremark Prescription ID card. Please see highlighted area to the left for reference. Match your RXBIN # to the addresses below.

**RXBIN # 610415 mail to:**

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

**RXBIN # 610029 mail to:**

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

**RXBIN # 610474 , 610468 , 004245 or 610449 mail to:**

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

**RXBIN # 004336 mail to:**

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 .