



Dear Valued Plan Participant:

THIS IS A ONE-TIME CARD TO BE USED UNTIL YOUR PERMANENT CARD ARRIVES. PLEASE DISCARD THIS PIECE OF PAPER AFTER RECEIVING YOUR PERMANENT CARD IN THE MAIL.

1. Please fill in the underlined areas with your name and ID number.

(This information is needed by the pharmacist to process prescriptions)

RXBIN:	004336
RXPCN:	ADV
RXGRP:	RX4850
ISSUER:	(80840)
ID:	_____
Name:	_____

Plan Participants:
Present this card to 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: 1-800-318-2572

Out-of-network claims should be mailed to:
Caremark Claims Department
P.O. Box 52136
Phoenix, AZ 85072-2136

Pharmacists:
For claims or eligibility questions call Customer Care toll-free:
1-800-318-2572

2. Please present this temporary ID card to the pharmacist.

3. For questions or concerns, please call toll-free at 1-800-318-2572 to speak to a customer care representative.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.