

Contraceptives Card

RxBIN [004336]
RxPCN [ADV]
RxGRP [XYZ]
Issuer (80840) [9151014609]

ID [987654321]
NAME [FIRST_NAME _M_ LAST_NAME]

Present this card to fill your prescription for contraceptives at any participating pharmacy.

GREEN TEXT INDICATES VARIABLE FIELD - PRINTS 100% BLACK

www.caremark.com

For more information: Visit Caremark.com or call a Customer Care representative toll-free at [1-866-260-4646]

Pharmacy Help Desk for Pharmacists: 1-800-364-6331

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

B/W LOGO

CVS
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