



«Date»

«FIRST_NAME» «LAST_NAME»
«ADDRESS1»
«ADDRESS2»
«CITY» «STATE», «ZIP_CODE»

Dear «FIRST_NAME» «LAST_NAME»,

Enclosed are image copies of the prescription drug claim that you submitted for reimbursement. We are returning these documents to let you know that we are unable to process your request for the following reason(s):

- «R1_DESC»
- «R2_DESC»
- «R3_DESC»

To expedite the processing of your request, please return the enclosed documents, along with the requested information, to the address on the claim form that corresponds with the RXBIN # on your benefit ID card. If information was missing or invalid on your original claim submission, please refer to the enclosed **Frequently Asked Questions** for assistance.

If you have questions regarding your eligibility for this benefit or other issues, call the toll-free number on your benefit ID card and provide the reference number listed at the bottom of this letter to the call representative.

We appreciate the opportunity to serve your prescription benefit needs.

Sincerely,

Claims Department
CVS Caremark

Enclosures

«PROCESSORS_QCP_ID»/«IMAGE_NUM»