<MEMBER NAME>  
<MEMBER ADDRESS>  
<MEMBER CITY, STATE ZIP>

Date: <Month Day, Year>

Dear <MEMBER NAME>,

**We need your consent so we can ship your medication**

We are ready to ship the following medication(s) but we need your permission first. This is often required by Medicare when a prescription is automatically refilled or if your doctor sends the prescription to CVS Caremark® Mail Service Pharmacy directly.

**Prescription number Drug name**

<9999999> <DRUG NAME>

<9999999> <DRUG NAME>

**Here’s what you can do next:**

|  |
| --- |
| **Call us at <1-855-479-3662>**   * Once you confirm that you need this medication, we’ll send it right away   or  **Give your consent online**   * Sign in at **<Caremark.com>** * <Go to *Your To Do List*on your dashboard and select *Review your order* * Follow the steps to give your consent to ship> |

Keep this letter handy so you can provide the prescription number(s) above. Be sure to call us or go online to give your consent today. We want to avoid any delays in getting your medication to you.

**We’re here to help you take care of your health**

Thanks for the opportunity to serve you.

*—Your team at CVS Caremark*

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**Have questions?** We want to help.

Sign in at **<Caremark.com>** to view your benefits,   
check your profile, and keep your account up to date.

Call <1-XXX-XXX-XXXX> to speak to a Care team member.