

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:****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 .