

Cardholder's Name:

Street Address: _

City:

hereunder.

PLAN PARTICIPANT SIGNATURE:

Prescription Drug Claim Form

INSTRUCTIONS:

Please allow up to 21 days from the time you send this form until the time you receive the response to allow for mail time plus claims processing.

RXGRP#:

Employer/

This form should be used if you have primary prescription drug coverage with another insurance carrier.

After you have submitted your claim to the primary carrier:

Provide all information requested below.

Rx receipt(s), EOB(s), or denial letter from primary insurer must be enclosed.

Please use a separate claim form for each plan participant.

CARDHOLDER INFORMATION REQUIRED:

PLAN PARTICIPANT INFORMATION REQUIRED:

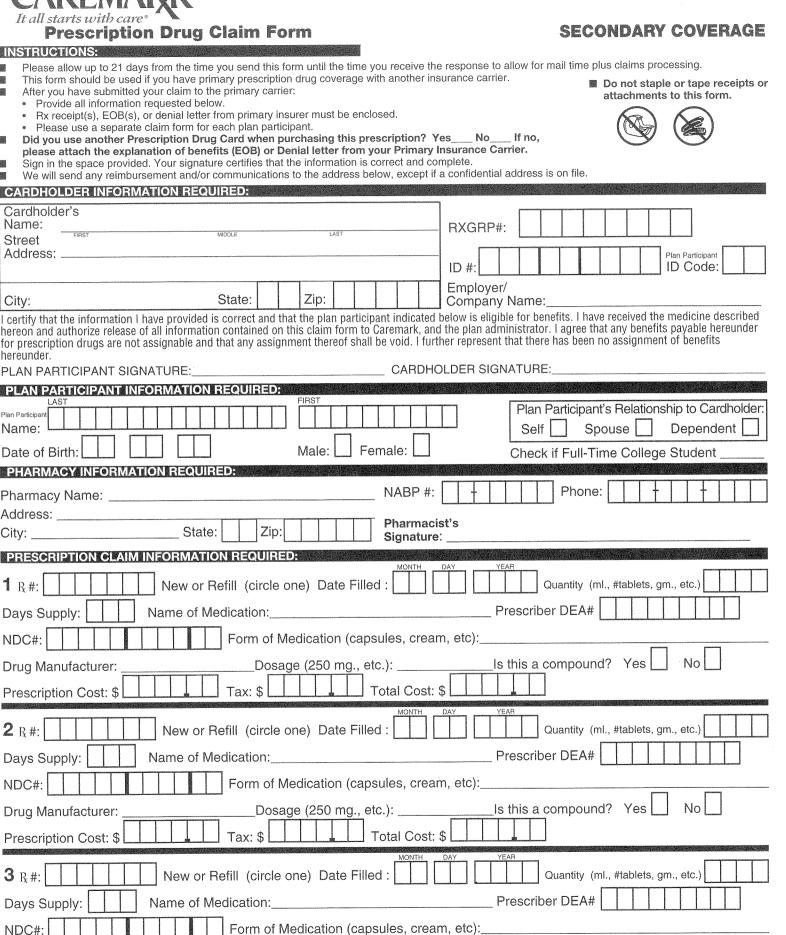
Did you use another Prescription Drug Card when purchasing this prescription? Yes____No_ please attach the explanation of benefits (EOB) or Denial letter from your Primary Insurance Carrier.

Sign in the space provided. Your signature certifies that the information is correct and complete.

MIDDLE

State:

We will send any reimbursement and/or communications to the address below, except if a confidential address is on file.



Instructions

- Mail claim form, receipt(s), EOB(s), to: Caremark, P.O. Box 52054, Phoenix, AZ 85072-2054
- If another prescription drug card was used to purchase the prescription:

Please circle the copay amount on the receipt.

For Puerto Rico employees:

- Please use the Puerto Rico location address as your own address on the front of this claim form:
 P.O. Box 100, Carolina, PR 00986-0100
- For your protection state law requires the following statement to appear on this form. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Compound Definitions

Compound - Any medication the pharmacist creates by mixing two or more ingredients, at least one of which is a prescription drug.