



How would you like to have your long-term medication conveniently delivered to your home or office? Not only will it save you time and trips to a participating retail pharmacy, you may also save money! With mail service, you can receive up to a 90-day supply of your medication for a copay that may be significantly less than a participating retail pharmacy.

With the Caremark Mail Service Pharmacy you can:

- Receive an extended supply of medicine
- Enjoy the ease of having a prescription delivered to a location of your choice – home, office, vacation spot, or other location of choice
- Speak to a registered pharmacist 24 hours a day, seven days a week
- Order prescriptions and get health information online at www.caremark.com

Getting Started

Ask your doctor to write two prescriptions for your long-term medications:

- One for a short-term supply (e.g., 30 days) to be filled immediately at a participating retail pharmacy
- One for the maximum days' supply supply allowed (up to a 90-day supply) with as many as three refills (if appropriate) to be mailed to Caremark



Filling Out the Mail Service Order Form

Follow these five steps to fill out your mail service order form:

STEP 1 – BENEFIT CARD ID NUMBER

1. Fill in your benefit card ID number from your prescription benefit card. (On your next order, your benefit card ID number will be pre-printed here.)

STEP 2 – ADDRESS

2. Fill in your address in its entirety. Be sure to fill in the oval if you want your prescription to go to a one-time address.

STEP 3 – PRESCRIPTION INFORMATION

3. Provide Individual #1 information for whom the prescription(s) is being submitted.

- Indicate if you would like your order to include Easy-Open Caps. All orders are normally shipped with safety caps or dual-purpose caps (which can be converted from child safe to easy open).
- Be sure to completely fill out your Doctor/ Prescriber's First Name, Last Name and Telephone Number.
- Fill in the ovals under Allergies if you are allergic to any drugs or foods. If you do not see the item you are allergic to, fill in the Other oval and write it in.
- Fill in the ovals if you have any Health Conditions. If you do not see your health condition, fill in the Other oval and write it in.

3a. (Optional) Provide Individual #2 information if you are submitting prescriptions for two plan participants. If this is the case, provide the same information as STEP 3.

