



Federal Employee Program.

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For Service Benefit Plan Members

	Mail this form to:
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Member ID # (if not shown or if different from above)	CVS Caremark PO BOX 1590 PITTSBURGH, PA 15230-9607
Prescription Plan Sponsor or Company Name	
Instructions: Please use blue or black ink and print in capital le	tters. Fill in both sides of this form.
New Prescriptions - Mail your new prescriptions wit	
Refills - Order by Web, phone, or write in Rx number(TO RECEIVE YOUR ORDER SOONER request refil call the toll-free number on your member ID card.	•
A Shipping Address. To ship to an address differen	t from the one printed above, enter the changes here.
Last Name	First Name MI Suffix (JR, SR)
Street Address	Apt./Suite # Use shipping address for this order only.
City	State ZIP Code
Daytime Phone #:	Evening Phone #:
B Refills. To order mail service refills, enter your pre	escription number(s) here.
1)2)	3)4)
5), 6),	7)8)
If this prescription is for an injury that was work relat	ed, please call 1-800-262-7890.

On behalf of the Blue Cross and Blue Shield Federal Employee Program, CVS Caremark administers the Service Benefit Plan pharmacy benefit. CVS Caremark is an independent company which provides mail order prescription drugs to FEP members. CVS Caremark will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want generics, please provide instructions, including drug names, in the "Special Instructions" section of this form.

We may package all of these prescriptions together unless you tell us not to.

All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.



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