


Hello.

Below is your temporary prescription card. You can present this card at your pharmacy to fill prescriptions starting **January 1, 2024**.


RxBIN: 004336
RxPCN: ADV
RxGRP: RX23GM
Issuer (80840): 9151014609
ID: _____
NAME: _____

Present this prescription card to fill your prescription at any participating retail pharmacy.

For more information, visit [Caremark.com](https://www.caremark.com) or call Customer Care at 844-256-0031.

Pharmacy Help Desk for Pharmacists:
1-800-364-6331

Submit paper claims to:
CVS Caremark Claims Department
P.O. Box 52136, Phoenix, AZ 85072-2136

How to use your card:

1. Fill in the blanks with your name and ID number. Your pharmacist needs this information to process your prescriptions.
2. Present your temporary prescription card to the pharmacist.
3. If you have questions, call 1-844-256-0031 to speak to a Customer Care representative.