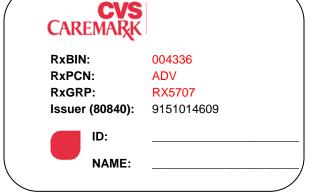


Dear Valued Member:

THIS IS A ONE-TIME CARD TO BE USED UNTIL YOUR PERMANENT CARD ARRIVES. PLEASE DISCARD THIS PIECE OF PAPER AFTER RECEIVING YOUR PERMANENT CARD IN THE MAIL.

- 1. Please fill in the underlined areas with your name and ID number. (This information is needed by the pharmacist to process prescriptions.)
- 2. Please present this temporary ID card to the pharmacist.



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

For more information, visit **www.caremark.com** or call a Customer Care representative toll-free at 1-877-542-0284

Pharmacy Help Desk for Pharmacists: 1-800-421-2342

Submit paper claims to: CVS Caremark Claims Department

P.O. Box 52136, Phoenix, AZ 85072-2136

3. For questions or concerns, please call toll-free at 1-877-542-0284 to speak to a Customer Care representative 24 hours a day, seven days a week.