



**STEP 2****Submission Requirements:**

You **MUST** include all original “pharmacy” receipts in order for your claim to process. “Cash register” receipts will **only** be accepted for diabetic supplies. The minimum information that must be included on your pharmacy receipts is listed below:

- Patient Name
- Prescription Number
- Medicine NDC number
- Date of Fill
- Metric Quantity
- Total Charge
- Days Supply for your prescription (you need to ask your pharmacist for this “Day Supply” information)
- Pharmacy Name and Address or Pharmacy NABP Number

A valid Prescribing Physician’s NPI (National Provider Identification) number is required, please provide: \_\_\_\_\_

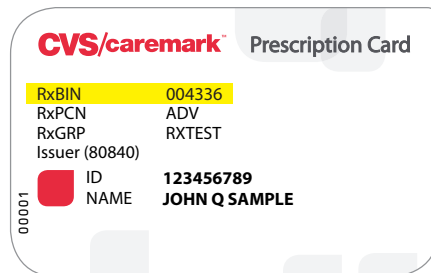
Prescribing physician’s information (all fields required):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Additional Comments
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**STEP 3****Mailing Instructions:**

The RXBIN # is located on front of your CVS/caremark Prescription ID card. Please see highlighted area to the left for reference. Match your RXBIN # to the addresses below.

**RXBIN # 610415 mail to:**

CVS/caremark  
P.O. Box 52116  
Phoenix, Arizona 85072-2116

**RXBIN # 004336 , 012114 or if you are unable to locate your bin # mail to:**

CVS/caremark  
P.O. Box 52136  
Phoenix, Arizona 85072-2136

**RXBIN # 610029 mail to:**

CVS/caremark  
P.O. Box 52196  
Phoenix, Arizona 85072-2196

**RXBIN # 610474 , 610468 , 004245 or 610449 mail to:**

CVS/caremark  
P.O. Box 52010  
Phoenix, Arizona 85072-2010

**RXBIN # 610473 , 601475 mail to:**

CVS/caremark  
P.O. Box 53992  
Phoenix, Arizona 85072-3992

**IMPORTANT REMINDER—To avoid having to submit a paper claim form:**

- Always have your card available at time of purchase.
- Always use pharmacies within your network.
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.