



**INSTRUCTIONS:** This form is to be used if you have more than four (4) refills to be included in your order. It is important that the cardholder's name and primary participant ID number be printed in the fields provided below.

**PLEASE NOTE: THIS FORM IS FOR USE AS A CONTINUATION OF THE MAIL SERVICE ORDER FORM ONLY. A COMPLETED MAIL SERVICE ORDER FORM MUST BE SUBMITTED ALONG WITH THIS FORM.**

Submitting this form without the Caremark Mail Service Order Form will cause delays in the processing of your refills. If there are four (4) or less refills, please use the Caremark Mail Service Order Form only.

Last Name (required) First Name MI Suffix (Sr, Jr)

Primary Participant ID (required)

**STEP 5 - REFILL INFORMATION** (continued from the Caremark Mail Service Order Form)

<p>Apply Caremark Refill Label here  <input type="text"/>                      or                      write prescription number above</p>	<p>Apply Caremark Refill Label here  <input type="text"/>                      or                      write prescription number above</p>
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[www.caremark.com](http://www.caremark.com)



**By using Caremark.com, you can:**

- Order your prescription refills
- Check the status of your prescription order
- Check your benefit coverage
- Research drug information
- View your prescription history
- Locate a pharmacy near you
- View valuable health information
- Send an e-mail message to Caremark Customer Care

**Prescription Refills – Convenient and Fast!**

**Caremark offers three easy ways to refill your mail service prescriptions:**

1. Log on to the Caremark Web site at [www.caremark.com](http://www.caremark.com) to access Caremark online 24 hours a day, 7 days a week.
2. Mail in your prescription along with our new easy-to-use mail service order form by applying the refill sticker or providing the prescription number in the boxes provided on the Caremark Mail Service Order Form in Step 5 - Refill Information.
3. Call our helpful Customer Care representatives toll-free using the phone number on the back of your prescription ID card or within your benefit plan materials. Upon dialing the number, you will have the option to use the Caremark automated service to order your refills easily and quickly. Should you have an additional question or need to speak to a Customer Care representative, one will be available to assist you.

**Important Information**

**Please note:** Checks returned for insufficient funds shall be subject to a \$25 processing fee.

All incomplete mail service order forms will be returned to you with the original prescription unfilled, causing a delay in processing.

The submission of the Caremark Mail Service Order Form, for you or any of your dependents, authorizes the release of all information to applicable healthcare providers and all others involved in filling the prescriptions or processing the claims submitted (not applicable to research study program participants).

Caremark cannot, at any one time, dispense more than the exact amount prescribed by your doctor or the day supply limit specified by your benefit plan, whichever is less. Caremark cannot provide refills at the time of the original filling.

In connection with your benefit plan, Caremark may contact your doctor regarding your prescription. This may result in your doctor prescribing a different brand name product or a generic equivalent in place of your original prescription.

**Please note:** Consult your benefit plan literature regarding possible differences in coverage or co-payment between brands and generics.

You have a right to refuse such generic substitution. Consult your doctor or pharmacist concerning the availability of a safe, less expensive medicine for your use.

Co-payment or co-pay means the amount a participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.