



RXBIN: 610029
RXPCN: CRK
RXGRP: UNEBR
ISSUER: (80840)

ID: _____

Name: _____

Present this card to any participating retail pharmacy to obtain your short-term supply of medicine. For additional pharmacies go to **www.caremark.com** or contact a Customer Care representative.

Customer Care: 1-800-841-5550

Submit Claims to: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196



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