Hello.

Below is your temporary prescription card. You can present this card at your pharmacy to fill prescriptions starting 01/01/2025.

CVS caremark®

RxBIN: 004336
RxPCN: ADV
RxGRP: RX24FQ
Issuer (80840): 9151014609

ID: _____

NAME: _____

Show this card when you fill your Rx at a network pharmacy. Sign in at **Caremark.com** to view your deductible or maximum out-of-pocket limit, find a network pharmacy or view plan details.

Customer Care
1-833-268-1273

Pharmacy Help Desk
1-800-364-6331

Submit claims online or mail to:
CVS Caremark Claims Department, PO 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 1-833-268-1273 to speak to a Customer Care representative.

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