



Caremark Mail Service Order Form

Your health plan has chosen Caremark, an independent company, to administer its Mail Service Prescription program.

For more information, visit your health plan's Web site as listed on your member ID card, or call Caremark at **1-888-963-7290**.

Instructions: Please PRINT in CAPITAL letters using BLACK ink only. Fill in the applicable ovals completely (●).
Mail this completed form, the doctor's signed prescription(s), and your payment to Caremark in the envelope provided.

27131
14050
Rev. 03/07

1 Member Information/ Health History

Member Identification Number (refer to your insurance card)

Member Name (Last Name)

(First Name)

(MI)

Delivery Address (if you select 2nd Day or Next Day shipping, fill in a street address, not a P.O. Box)

City

State

Zip

Daytime Phone Number

Above delivery address is:

For this order only

For this and all future orders

E-mail Address (Optional)

Providing your e-mail address and phone number authorizes Caremark to contact you about your account or its services. This information will not be shared with any other outside party. If other household members also use this e-mail address, they may be able to access your health information.

Mark all allergies or conditions that apply to you, your spouse or covered dependents by completely filling in the oval below that description. Contact your doctor if you are unsure about any health conditions. This information will not be required on future order forms unless there has been a change in health status.

Member's First Name

Birthdate
M M D D Y Y Y Y

Male/Female (M / F)

No Known Allergies

Penicillin Allergy

Sulfa Allergy

Other Allergy

Diabetes

Thyroid

Heart Condition

High Blood Pressure

Ulcers

Epilepsy

Glaucoma

Other Conditions
(Please list below)

Spouse's First Name

Dependent's First Name

Dependent's First Name

Please list first name and then detail "other conditions" referenced above

List any non-prescription medications that you take on a regular basis or prescription medications that you obtain without using your insurance card:

