



**RxBIN:** 004336  
**RxPCN:** ADV  
**RxGRP:** RX7316  
**Issuer (80840):** 9151014609



**ID:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_

Present this card at any participating retail pharmacy to obtain your short-term supply of medicine. For additional pharmacies go to [www.caremark.com](http://www.caremark.com) or contact a Customer Care representative.

Customer Care: 1-888-202-1654

Submit paper claims to:  
CVS Caremark Claims Department  
P.O. Box 52136, Phoenix, AZ 85072-2136



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