



**STEP 2****Submission Requirements:**

You **MUST** include all original receipts in order for your claim to process. Cash register receipts will only be accepted for diabetic supplies. The information required is:

- Patient Name
- Date of Fill
- Total Charge
- Prescription Number
- Metric Quantity
- Pharmacy Name and Address or Pharmacy NABP Number
- Medicine NDC number
- Days Supply
- Doctor's Name or DEA Number
- Dispense as written (DAW), if applicable

If Foreign Claim: Country: \_\_\_\_\_ Currency: \_\_\_\_\_ Amount: \_\_\_\_\_

Comment Section

**STEP 3****Mailing Instructions:**

PLEASE MAIL THIS FORM AND ALL ORIGINAL PRESCRIPTION RECEIPTS TO:

CVS Caremark  
P.O. Box 52196  
Phoenix, Arizona 85072-2196