



**STEP 2** Submission Requirements:

You **MUST** include all original “pharmacy” receipts in order for your claim to process. The minimum information that must be included on your pharmacy receipts is listed below:

- Patient Name
- Prescription Number
- Medicine NDC Number
- Date of Fill
- Metric Quantity
- Total Charge
- Days Supply for your prescription (you need to ask your pharmacist for this “Day Supply” information)
- Pharmacy Name and Address or Pharmacy NABP Number

A valid Prescribing Physician’s NPI (National Provider Identification) number is required, please provide:

Prescribing Physician’s information (all fields required):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_ Phone number: \_\_\_\_\_

|                     |
|---------------------|
| Additional Comments |
|---------------------|

Please check the appropriate box for the vaccine you have received. If the vaccine you received does not appear below, please fill in the vaccine name, NDC number, quantity, vaccine charge, and administration fee in the blank space provided below.

| X                        | Brand Name                 | Valid 11-Digit NDC# | Quantity | Days’ Supply | Date Filled | Vaccine Charge | Vaccine Admin. Fee |
|--------------------------|----------------------------|---------------------|----------|--------------|-------------|----------------|--------------------|
| <input type="checkbox"/> | ZOSTAVAX                   | 00006496341         | 1 Vial   | 1            |             |                |                    |
| <input type="checkbox"/> | ZOSTAVAX                   | 00006496300         | 1 Vial   | 1            |             |                |                    |
| <input type="checkbox"/> | ADACEL                     | 49281040010         | 0.5 mL   | 1            |             |                |                    |
| <input type="checkbox"/> | ADACEL                     | 49281040015         | 0.5 mL   | 1            |             |                |                    |
| <input type="checkbox"/> | BOOSTRIX                   | 58160084252         | 0.5 mL   | 1            |             |                |                    |
| <input type="checkbox"/> | BOOSTRIX                   | 58160084211         | 0.5 mL   | 1            |             |                |                    |
| <input type="checkbox"/> | TETANUS-DIPHTHERIA TOXOIDS | 13533013101         | 0.5 mL   | 1            |             |                |                    |
| <input type="checkbox"/> | TENIVAC                    | 49281021515         | 0.5 mL   | 1            |             |                |                    |
| <input type="checkbox"/> | TENIVAC                    | 49281021510         | 0.5 mL   | 1            |             |                |                    |
| <input type="checkbox"/> | ENGERIX-B                  | 58160082152         | 1 mL     | 1            |             |                |                    |
| <input type="checkbox"/> | ENGERIX-B                  | 58160082111         | 1 mL     | 1            |             |                |                    |
| <input type="checkbox"/> | HAVRIX                     | 58160082652         | 1 mL     | 1            |             |                |                    |
| <input type="checkbox"/> | HAVRIX                     | 58160082611         | 1 mL     | 1            |             |                |                    |
| <input type="checkbox"/> | Shingrix                   | 58160082311         | 1 Vial   | 1            |             |                |                    |
| <input type="checkbox"/> |                            |                     |          |              |             |                |                    |

**STEP 3** Mailing Instructions

Mail to :  
 CVS/caremark  
 P.O. Box 52066  
 Phoenix, AZ 85072-2066

**IMPORTANT REMINDER**

To avoid having to submit a paper claim form:

- Always have your card available at time of purchase.
- Always use Pharmacies within your own network.
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.