

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