

(Cut Along Dotted Line)

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SilverScript



**Prescription Drug Plan Administered by
CVS Caremark Part D Services, LLC**

**RXBIN: 004336
RXPCN: MEDDADV
RXGRP: RXCVSD
ISSUER (80840): 9151014609**

MedicareRx
Prescription Drug Coverage

ID: _____

NAME: _____

S5601

Submit Medicare Part D

Paper Claims to:

Claims Processing
P.O. Box 52066
Phoenix, AZ 85072-2066

Caremark.com

Customer Care:

1-844-757-0448
24 hours a day, 7 days a week
TTY: 711

Pharmacy Help Desk

For Providers:
1-866-693-4620

Claims administered by
CVS Caremark Part D
Services, LLC.