



<p>Enter ID # below if not shown or if different from above</p> <p><b>R</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p><b>Federal Employee Program</b></p> <hr/> <p>Prescription Plan Sponsor or Company Name</p>	<p><b>Mail this form to:</b></p> <p style="text-align: center;">               CVS CAREMARK              PO BOX 1590              PITTSBURGH, PA 15230-9607         </p>
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Please use **blue or black ink, capital letters**, and fill in **both sides** of this form.

**New Prescriptions** - Mail your new prescriptions with this form.      Number of **New** prescriptions:

**Refills** - Order by Web, phone, or write in Rx number(s) below.      Number of **Refill** prescriptions:

**FOR FASTEST SERVICE**, order refills at [www.fepblue.org](http://www.fepblue.org) or call us toll-free at 1-800-262-7890.

**A Shipping Address.** To ship to an address different from the one printed above, please make changes here.

Last Name	First Name	MI	Suffix (JR, SR)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>
Street Name	Apt./Suite #	<input type="radio"/> <b>Use this address for this order only.</b>	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>		
City	State	ZIP Code	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/> - <input style="width: 40px; height: 25px;" type="text"/>	
Daytime Phone #: <input style="width: 20px; height: 25px;" type="text"/> <input style="width: 20px; height: 25px;" type="text"/> - <input style="width: 20px; height: 25px;" type="text"/> <input style="width: 20px; height: 25px;" type="text"/> - <input style="width: 20px; height: 25px;" type="text"/> <input style="width: 20px; height: 25px;" type="text"/>	Evening Phone #: <input style="width: 20px; height: 25px;" type="text"/> <input style="width: 20px; height: 25px;" type="text"/> - <input style="width: 20px; height: 25px;" type="text"/> <input style="width: 20px; height: 25px;" type="text"/> - <input style="width: 20px; height: 25px;" type="text"/> <input style="width: 20px; height: 25px;" type="text"/>		

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**B Refills.** To order mail service refills, enter your prescription number(s) here.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_ 7) \_\_\_\_\_ 8) \_\_\_\_\_

On behalf of BCBS/FEP, CVS Caremark assists in the administration of the FEP Pharmacy benefit. CVS Caremark is an independent company which provides mail order prescription drugs to FEP members.

\* WEB \*

\* WEB \*

We may package all of these prescriptions together unless you tell us not to.



