



**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

If the Prescribing Physician’s NPI (National Provider Identification) number is available, please provide: \_\_\_\_\_

If this is from a foreign country, please fill in below:

Country: \_\_\_\_\_ Currency: \_\_\_\_\_ Amount: \_\_\_\_\_

<b>Additional Comments</b>
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**STEP 3****Mailing Instructions:**

Please mail your completed claim form and supporting receipt to the address below:

CVS Caremark  
P.O. Box 52136  
Phoenix, Arizona 85072-2136

**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 network.
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the Empire Plan at 1-877-7-NYSHIP (1-877-769-7447), select option 4.