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Dear Member,

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Please print this temporary ID card for use at a Caremark participating retail pharmacy.

| | | |
|--|-------------------|---|
|  Prescription Card | | Visit Caremark.com for easy refills, time-saving tools and more. |
| RXBIN | 004336 | Present this prescription card to fill your prescriptions at any participating retail pharmacy. |
| RXPCN | ADV | |
| RXGRP | RX7200 | |
| ISSUER | (9151014609) | |
| ID | FGE627600 | |
| Name | SULAIMAN FAROOQUI | Customer Care Representative: (866) 216-5767 Pharmacy Help Desk for Pharmacists: 1-800-364-6331 |
| | | Submit paper claims to: Caremark PO Box 52136 Phoenix, AZ 85072-2136 |