

SilverScript[®]



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

RXBIN: 004336

RXPCN: MEDDADV

RXGRP: RXCVSD

ISSUER: (80840): 9151014609

ID: GXC000009

NAME: JOHN09 Q SAMPLE09

Medicare_{Rx}
Prescription Drug Coverage

S5601 813

Submit Medicare Part D

Paper Claims to:

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

Customer Care:

1-833-272-9886
24 hours a day, 7 days a week
TTY: 711

**Pharmacy Help Desk
For Providers:**

1-866-693-4620

Caremark.com

Claims administered
by CVS Caremark Part D
Services, LLC.