

Caremark Card Identification Numbers

- Please mail completed claim form to: Caremark
P.O. Box 52116
Phoenix, Arizona 85072-2116
- For your protection state law requires the following statement to appear on this form. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties