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 *Advocate Health Care*

T9552

RXBIN: XXXXXX  
RXPCN: XXXXXX  
RXGRP: XXXXXX  
ISSUER (80840)  
ID: XXXXXXXXXXXXX  
NAME: JOHN Q PUBLIC

**Member:** Please present this card to your pharmacist each time you order a prescription. For questions, please contact: Caremark at 1-800-966-5772. To inquire about Specialty drugs, please call 866-295-2779

Caremark - Arizona  
9501 E. Shea Blvd. Scottsdale, AZ 85260

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