



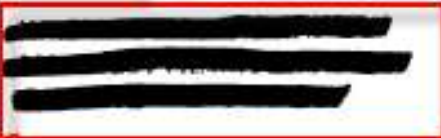
CVS | Mail Service
CAREMARK Invoice/Receipt

Balance Due Upon Receipt
\$0.00

Make your check or money order out to CVS Caremark and mail it with this payment stub to:



Internal ID



Member Address



CVS Caremark
PO Box 659539
San Antonio, TX 78265-9539

See reverse side for payment or refund options. Retain the bottom portion of this form for your records.



Summary for Order:
Date: 04/11/2012

Name / Rx#	Quantity	Days Supply	Drug Name / NDC	Benefit Provider Paid	Co-Pay Amount
[REDACTED]	90 EA	90	Levoxyl TAB 112MCG NDC 60793085510	\$23.88	\$10.00*

* FSA/HRA eligible health care expenses. Retain Invoice/Receipt for your records.

Order Information

Billing Information

Shipping Charge			\$0.00
Total Cost for this Order:	\$33.88	\$23.88	\$10.00
Previous Account Balance			\$0.00
Payment Received with this Order by VISA			- \$10.00
Balance Due Upon Receipt			\$0.00

A Balance Due may not reflect payments recently mailed separate from this order.