

SilverScript®

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

RXBIN: 004336

RXPCN: MEDDADV

RXGRP: RXCVSD

ISSUER: (80840): 9151014609

ID: G8Z080183

NAME: JACALYN M HOUCK

Medicare^{Rx}
Prescription Drug Coverage

S5601 013

**Submit Medicare Part D
Paper Claims to:**
Claims Processing
P.O. Box 52066
Phoenix, AZ 85072-2066

www.silverscript.com

SilverScript Customer Care:
1-866-235-5660
24 hours a day, 7 days a week
TTY: 711

**Pharmacy Help Desk
For Providers:**
1-866-693-4620

Claims administered
by CVS Caremark Part D
Services, LLC.