CVS Caremark 835 Set-Up/Change Request

Please send completed 835 setup/change request form to Caremark.835@cvscaremark.com

PHARMACY INFORMATION

Pharmacy Name:

Address:

City: State: Zip:

Phone: Fax:

Chain Code or NCPDP: Fed Tax ID: NPI :

Technical 835 Contact: Phone: Fax:

Technical 835 Contact Email Address:

VENDOR INFORMATION

Vendor Name: Vendor Contact:

Street Address:

City: State: Zip:

Phone: Fax: Vendor Email Address:

Technical 835 Contact: Phone: Fax:

Vendor Technical 835 Email Address:

**** By signing up for 835 files you agree to accept our standard 835 format****

Authorized Signature: **Title:**

Authorized Printed Name: **Date:**

Version 4.0 3/19/18
K. Pedersen