Illinois AIDS Drug Assistance Program
Incident Form

Incident Date:

For IDPH Use Only

Date Received:

Date Resolved:

Please complete this form. This form is used for ADAP to correspond with CVS on issues providers may be experiencing with CVS Specialty CareMark. You may fax or mail this document to the ADAP office.

Fax Number: (217) 785-8013 **Phone Number:** (800) 825-3518 or (217) 524-5983

Address: Illinois Department of Public Health – ADAP
525 West Jefferson Street, First Floor
Springfield, IL. 62761

Agency Name: _____

Agency Contact Name: _____

Agency Phone Number: _____

Patient Name: _____

Patient Date of Birth: _____

Incident Details: ***(Please include a detailed description of the incident. Include names of person you talked to at CVS Specialty CareMark Pharmacy).*** **Use additional pages if needed**