

PATIENT SATISFACTION SURVEY

Thank you for allowing us to provide you medical services. Please take a few minutes to give us your feedback on your experience. We value your comments and welcome any suggestions you may have to improve our services.

MARKING INSTRUCTIONS:

Please fill in the box below for each question with an X.

Please explain any less than satisfied response(s) in the comment section below.

HOW WOULD YOU RATE YOUR LEVEL OF SATISFACTION WITH THE FOLLOWING?

	VERY SATISFIED	SATISFIED	SOMEWHAT SATISFIED	NEUTRAL	SOMEWHAT DISSATISFIED	DISSATISFIED	N/A
Overall satisfaction with MCC Apothecary pharmacy services							
Meeting your service expectations							
Timeliness of the delivery of your medication							
Accuracy of your order							
Helpfulness of the information you receive about your medication							
Ability to reach a person by phone who could answer your questions							
Explanation of what you personally will pay after your insurance pays							
Explanation of your insurance benefits							
Explanation on how you can refill your medication							
Explanation of whom to call if there is an issue with your order							

HOW CAN WE IMPROVE OUR SERVICES?

COMMENTS:

SIGNATURE: (Optional) _____

Date: _____