

Patient Satisfaction Survey

Thank you for allowing WVU Medicine Specialty Pharmacy to provide your specialty pharmacy 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.

Instructions:

- Mark a circle to indicate your level of satisfaction.
- Please explain any less-than-satisfied response(s) in the comment section below.

• **Mail completed form to:**

WVU Medicine Specialty Pharmacy
 3040 University Ave, Suite 1400
 Morgantown, WV 26505

How would you rate your level of satisfaction with the following?

	Very Satisfied	Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied	NA
Overall satisfaction with WVU Medicine Specialty Pharmacy services	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Meeting your service expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of the delivery of your medication	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Accuracy of your order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness of the information you receive about your medication	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Ability to reach a person by phone who could answer your questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of what you personally will pay after your insurance pays	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Explanation of your insurance benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation on how you can refill your medication	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Explanation of whom to call if there is an issue with your order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How can we improve our services? _____

Comments: _____

Signature (Optional): _____ Date: _____

