



1333 Plank Road Suite 200
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How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you have received from our pharmacy. Your feedback and your answers will be kept confidential. Thank you for your participation.

Patient Satisfaction Survey

Value Specialty Pharmacy is a valuable partner in my healthcare?

Strongly Disagree Disagree Satisfied Agree Strongly Agree

I had the ability to speak to a team member in a timely manner?

Strongly Disagree Disagree Satisfied Agree Strongly Agree

My prescription was delivered to the designated location in the appropriate condition?

Strongly Disagree Disagree Satisfied Agree Strongly Agree

Value Specialty Pharmacy's team is knowledgeable about my medications?

Strongly Disagree Disagree Satisfied Agree Strongly Agree

Billing and Reimbursement Department?

Satisfied Dissatisfied N/A

After Hours Call Service?

Satisfied Dissatisfied N/A

Additional Feedback

Is there a team member who has been especially helpful in your care? Is there a concern that has not been addressed in the questions above? Please let us know in the space below.

Personal Information

Should you wish to enter VSP's quarterly drawing promotion for a Visa Gift card, please enter your information in the space below. This is optional.

 First Name

 Last Name

 Email

 Phone

Would you like someone to contact you regarding your responses on this survey?

Yes | No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.

Office Use Only – Please Do Not Write in This Space

Initials:

Date Received:

Date Reviewed:

Contact Date:

Date Resolved:

