VALUE SPECIALTY PHARMACY

4200 Industrial Park Drive • Altoona, PA 16602

855-265-8008 toll free • **844-812-6227** fax • **www.vsprx.com**

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.	☐	☐	☐	☐	☐
I had the ability to speak to a team member in a timely manner.	☐	☐	☐	☐	☐
My prescription was delivered to the designated location in the appropriate condition.	☐	☐	☐	☐	☐
Value Specialty Pharmacy's team is knowledgeable about my medications.	☐	☐	☐	☐	☐

Billing and Reimbursement Department	☐	☐	☐ **N/A**
After Hours Call Service	☐	☐	☐ **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

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

☐ Yes ☐ No

If so, please complete contact information below.

First Name: _____ Last Name: _____

Telephone Number: ( ) _____ Email Address: _____

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: