## **Specialty Pharmacy**

Please rate the following service attributes regarding the specialty medication you or your family member filled with Publix Specialty Pharmacy. Please be assured that this survey is confidential and your responses will not be tied back to you in any way:

## Overall experience.

Overall experience.							
Overall, I am satisfied with Pharmacy.	my e	experier	nce usir	ng the l	Publix	Special	ty
○ N/A		O Stron	gly Dis	<ul> <li>Disagree</li> </ul>			
O Neither Agree nor Disagree		○ Agree				○ Stro	ngly Agree
On a scale from 0 to 10, ho Publix Specialty Pharmacy					mend	<b>/</b> F .	1.19.1
(Not At All Likely) $\circ$ 0 $\circ$ 1 $\circ$ 2 $\circ$ 3	o 1	0 <b>E</b>	o 4	<b>○ 7</b>	o 0		remely Likely)  ○ 10
00 01 02 03	O 4	03	00	0 /	O 6	0 9	0 10
Your prescription orde	r.						
Overall, the prescription o	rder	process	was ea	sy.			
○ N/A		O Strongly Disagree				<ul> <li>Disagree</li> </ul>	
O Neither Agree nor Disagree		○ Agree				○ Stro	ngly Agree
l am satisfied with the sup	port	receive	ed rega	rding			
my insurance coverage and	d out	-of-poc	ket cos	ts.			
○ N/A	<ul> <li>Strongly Disagree</li> </ul>				<ul> <li>Disagree</li> </ul>		
O Neither Agree nor Disagr	ee	○ Agr	ee			○ Stro	ngly Agree
My prescription order was	disp	ensed a	ccurate	ely.			
○ N/A		<ul> <li>Strongly Disagree</li> </ul>		<ul> <li>Disagree</li> </ul>			
O Neither Agree nor Disagr	ee	○ Agr	ee			○ Stro	ngly Agree
Please indicate the timelin	ess c	of your p	rescrip	tion fil	l.		
My prescription was received	/ed:						

- O After the expected date, and it affected my treatment plan.
- $\circ$  After the expected date, but it did not affect my treatment plan.
- $\circ$  On or before the expected date.



## Our staff.

Overall, having the specialty p	harmacy involved in this p	process was helpful.
○ N/A	<ul> <li>Strongly Disagree</li> </ul>	<ul> <li>Disagree</li> </ul>
O Neither Agree nor Disagree	○ Agree	○ Strongly Agree
I am confident in the informati		
○ N/A	<ul> <li>Strongly Disagree</li> </ul>	<ul> <li>Disagree</li> </ul>
O Neither Agree nor Disagree	○ Agree	○ Strongly Agree
l am satisfied with the knowled	lge level of the specialty	pharmacy staff.
○ N/A	<ul> <li>Strongly Disagree</li> </ul>	<ul> <li>Disagree</li> </ul>
O Neither Agree nor Disagree	○ Agree	○ Strongly Agree
l am satisfied with the clinical a	ssistance and education	received.
○ N/A	<ul> <li>Strongly Disagree</li> </ul>	<ul> <li>Disagree</li> </ul>
O Neither Agree nor Disagree	○ Agree	<ul><li>Strongly Agree</li></ul>
The specialty pharmacy staff w	ere courteous and friend	ly.
○ N/A	<ul> <li>Strongly Disagree</li> </ul>	<ul> <li>Disagree</li> </ul>
O Neither Agree nor Disagree	○ Agree	<ul><li>Strongly Agree</li></ul>
I felt the specialty pharmacy lis	•	
○ N/A	<ul> <li>Strongly Disagree</li> </ul>	<ul> <li>Disagree</li> </ul>
O Neither Agree nor Disagree	○ Agree	○ Strongly Agree
I felt the specialty pharmacy ca	ared about meeting my n	eeds.
○ N/A	<ul> <li>Strongly Disagree</li> </ul>	<ul> <li>Disagree</li> </ul>
O Neither Agree nor Disagree	○ Agree	○ Strongly Agree
Our communication with y	ou.	
The level of communication I re informed throughout the pres	•	
○ N/A	<ul> <li>Strongly Disagree</li> </ul>	<ul> <li>Disagree</li> </ul>
O Neither Agree nor Disagree	○ Agree	<ul><li>Strongly Agree</li></ul>



promptly.	process, my pnone calls were	answered					
○ N/A	O Strongly Disagree	○ Disagree					
O Neither Agree nor Disagree	○ Agree	O Strongly Agree					
I am satisfied with the ability to contact the							
specialty pharmacy after busin		o D'					
○ N/A	<ul> <li>Strongly Disagree</li> </ul>	○ Disagree					
<ul> <li>Neither Agree nor Disagree</li> </ul>	○ Agree	O Strongly Agree					
When I left messages for the specialty pharmacy,							
my call was returned in a timely manner.							
○ N/A	<ul> <li>Strongly Disagree</li> </ul>	<ul> <li>Disagree</li> </ul>					
O Neither Agree nor Disagree	○ Agree	<ul><li>Strongly Agree</li></ul>					
The frequency of communication from the staff							
through my prescription order was satisfactory.							
○ N/A	<ul> <li>Strongly Disagree</li> </ul>	<ul> <li>Disagree</li> </ul>					
O Neither Agree nor Disagree	○ Agree	<ul><li>Strongly Agree</li></ul>					
The reminder phone calls I receive for my prescription refills are helpful.							
○ N/A	<ul> <li>Strongly Disagree</li> </ul>	○ Disagree					
O Neither Agree nor Disagree	○ Agree	O Strongly Agree					
n	l les l						
Please use this space to provide any additional comments.  If you would like us to contact you to discuss further, please include your name and contact information.							

Please mail your response to: Publix Specialty Pharmacy, Attn: Quality Dept., 1950 Sand Lake Rd., Bldg. #5, Orlando, FL 32809. You can also fax your response to 1-863-413-5723.

