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, I am satisfied with my experience using the Publix Specialty Pharmacy.

- N/A
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Strongly Disagree
- Disagree

On a scale from 0 to 10, how likely are you to recommend Publix Specialty Pharmacy to your family or friends?

(Not At All Likely) (Extremely Likely)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**Your Prescription Order**

Overall, the prescription order process was easy.

- N/A
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Strongly Disagree
- Disagree

I am satisfied with the support I received regarding my insurance coverage and out-of-pocket costs.

- N/A
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Strongly Disagree
- Disagree

My prescription order was dispensed accurately.

- N/A
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Strongly Disagree
- Disagree

Please indicate the timeliness of your prescription fill.

My prescription was received:

- After the expected date, and it affected my treatment plan.
- After the expected date, but it did not affect my treatment plan.
- On or before the expected date.
Our Staff

Overall, having the specialty pharmacy involved in this process was helpful.
○ N/A ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

I am confident in the information I received from the specialty pharmacy.
○ N/A ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

I am satisfied with the knowledge level of the specialty pharmacy staff.
○ N/A ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

I am satisfied with the clinical assistance and education I received.
○ N/A ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

The specialty pharmacy staff were courteous and friendly.
○ N/A ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

I felt the specialty pharmacy listened to my concerns.
○ N/A ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

I felt the specialty pharmacy cared about meeting my needs.
○ N/A ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree

Our Communication with You

The level of communication I received kept me well informed throughout the prescription order process.
○ N/A ○ Strongly Disagree ○ Disagree ○ Neither Agree nor Disagree ○ Agree ○ Strongly Agree
During the prescription order process, my phone calls were answered promptly.
○ N/A ○ Strongly Disagree ○ Agree ○ Strongly Agree
○ Neither Agree nor Disagree ○ Agree ○ Disagree

I am satisfied with the ability to contact the specialty pharmacy after business hours.
○ N/A ○ Strongly Disagree ○ Agree ○ Strongly Agree
○ Neither Agree nor Disagree ○ Agree ○ Disagree

When I left messages for the specialty pharmacy, my call was returned in a timely manner.
○ N/A ○ Strongly Disagree ○ Agree ○ Strongly Agree
○ Neither Agree nor Disagree ○ Agree ○ Disagree

The frequency of communication from the staff through my prescription order was satisfactory.
○ N/A ○ Strongly Disagree ○ Agree ○ Strongly Agree
○ Neither Agree nor Disagree ○ Agree ○ Disagree

The reminder phone calls I receive for my prescription refills are helpful.
○ N/A ○ Strongly Disagree ○ Agree ○ Strongly Agree
○ Neither Agree nor Disagree ○ Agree ○ Disagree

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.

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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.