



Patient Satisfaction Survey

We are interested in knowing your level of satisfaction with the services and care we provided. Please complete this survey and submit it to us online or mail it back using the self-addressed envelope provided in your Welcome Packet.

Respondent Type:	<input type="checkbox"/> Patient <input type="checkbox"/> Caregiver <input type="checkbox"/> Other:	Date:
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Insurance Type:	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Aetna <input type="checkbox"/> Prime Therapeutics <input type="checkbox"/> CIGNA <input type="checkbox"/> United Healthcare <input type="checkbox"/> Anthem <input type="checkbox"/> Humana <input type="checkbox"/> BCBS <input type="checkbox"/> Other (please specify):
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Pharmacy Servicing Location:	<input type="checkbox"/> CA <input type="checkbox"/> LA <input type="checkbox"/> MD <input type="checkbox"/> NJ <input type="checkbox"/> PA <input type="checkbox"/> TX <input type="checkbox"/> Unknown
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Dimension	Question	Very satisfied	Somewhat satisfied	Neutral or N/A	Somewhat dissatisfied	Very dissatisfied
Care planning	1. How satisfied were you with the process of starting service with InfuCare Rx, including understanding your care plan and your financial responsibility?	5	4	3	2	1
Delivery	2. How satisfied are you with the accuracy and timeliness of the delivery of your products?	5	4	3	2	1
Quality	3. How satisfied are you with the quality of care provided by InfuCare Rx?	5	4	3	2	1
Outcomes	4. How would you rate the products and/or services you receive and their intended effect on the condition they are used to treat?	5	4	3	2	1
Clinical	5. How would you rate the clinical pharmacy services provided by InfuCare Rx?	5	4	3	2	1
Communication	7. How satisfied are you with the level of politeness, helpfulness, and ease of contacting our employees?	5	4	3	2	1
Satisfaction	8. How would you feel referring others to our services?	5	4	3	2	1
Education	9. How would you rate the information/education you received regarding our services?	5	4	3	2	1
Nursing	10. How satisfied are you with the nursing services provided?	5	4	3	2	1

If you receive your services at one of our infusion suites, please complete the survey below and indicate the location : _____

Dimension	Question	Very satisfied	Somewhat satisfied	Neutral or N/A	Somewhat dissatisfied	Very dissatisfied
Privacy	11. How satisfied are you with the privacy at the infusion suite you visit?	5	4	3	2	1
Comfort	12. How satisfied are you with the level of comfort at the infusion suite you visit?	5	4	3	2	1
Wait Time	13. How satisfied are you with the speed at which you are seen at the infusion suite you visit?	5	4	3	2	1
Cleanliness	14. How satisfied are you with the cleanliness at the infusion suite you visit?	5	4	3	2	1

15. Do you have other comments, questions, or ways that we can improve our service to you?

Your feedback is important to us and your responses will help us serve you better.

Name (Optional): _____
 Email Address: _____
 Phone Number: _____