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aetnaSM

Physician Satisfaction Questionnaire

Aetna Specialty Pharmacy[®]

www.aetna.com



Physician Name: _____
Phone: _____

4 = Excellent 3 = Good 2 = Average 1 = Below Average

Please rate the following:

1. Your initial contact with our Customer Service representative:

4 3 2 1

2. The written information you received about our program and services:

4 3 2 1

3. The availability of our staff to take referral information and get a patient started on service:

4 3 2 1

4. Your contact with our pharmacists and clinical staff:

4 3 2 1

5. Your contact, if any, with our business staff (for example, billing reimbursement specialist):

4 3 2 1

6. The service that we have provided for your patients as compared to other specialty pharmacy providers you may have used:

4 3 2 1

7. To the best of your knowledge, please rate your patients' experience with us:

4 3 2 1

8. Would you like additional information on our company's services?

Yes **No**

9. Please add any comments or suggestions:

Thank you for completing this questionnaire. Your feedback aids in our ongoing quality improvement. Please mail or fax the completed survey to:

Aetna Specialty Pharmacy

503 Sunport Lane, Orlando, FL 32809

Telephone: **1-866-782-ASRX**
(1-866-782-2779)

Fax: **1-866-FAX-ASRX**
(1-866-329-2779)

www.AetnaSpecialtyPharmacy.com

Aetna Specialty Pharmacy always strives to improve the quality of the services that we provide to you and your patients.

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Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment.

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