

Physician Satisfaction Questionnaire

Aetna Specialty Pharmacy®

Aetna Specialty Pharmacy always strives to improve the quality of the services that we provide to both physicians and their patients.

Physician Name: _____ Phone: _____

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

Please rate the following:

- Your initial contact with our Customer Service representative:
4 3 2 1
- The written information you received about our program and services:
4 3 2 1
- The availability of our staff to take referral information and get a patient started on service:
4 3 2 1
- Your contact with our pharmacists and clinical staff:
4 3 2 1
- Your contact, if any, with our business staff (for example, billing reimbursement specialist):
4 3 2 1
- The service that we have provided for your patients as compared to other specialty pharmacy providers you may have used:
4 3 2 1
- To the best of your knowledge, please rate your patients' experience with us:
4 3 2 1
- Would you like additional information on our company's services? Yes No
- Please add any comments or suggestions.

Important Notice: This facsimile is intended to be delivered to the named addressee and may contain material that is confidential, privileged, and proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.

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

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(1-866-782-ASRX)

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