

AllHealth Network Sycamore Pharmacy

Customer Satisfaction Survey



Your satisfaction with our service is very important to us. Please take a few minutes to complete this survey to let us know if we are doing a good job, or if there are areas where we can improve. Return your completed survey to the pharmacy counter using the envelope provided.

1. Overall, how polite were our pharmacy staff members?

- Extremely polite
- Very polite
- Moderately polite
- Not at all polite

2. How well did our staff answer your question(s) or solve your problem?

- Extremely well
- Very well
- Moderately well
- Slightly well
- Not at all well

3. Did our staff provide complete instruction about the items/medications you received?

- Complete/thorough instructions were given
- Partial instructions were provided
- No instruction was given
- Didn't need/ask for instructions

4. Did we supply all of the products/services you needed?

- Yes
- Partially
- No
- Other (please specify)

5. Are you aware of all of the products and services we provide?

- Yes
- Somewhat
- No

6. How likely is it that you would recommend AllHealth Network Pharmacy to a friend or family member?

Not at all likely - 0	1	2	3	4	5	6	7	8	9	Extremely likely - 10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How convenient is our location for you?

- Extremely convenient
- Very convenient
- Moderately convenient
- Slightly convenient
- Not at all convenient

8. How long have you been a customer of AllHealth Network Pharmacy?

- This is my first purchase
- Less than six months
- Six months to a year
- 1 - 2 years
- 3 or more years
- I haven't made a purchase yet

9. How likely are you to use AllHealth Network Pharmacy again in the future?

- Extremely likely
- Very likely
- Moderately likely
- Slightly likely
- Not at all likely

10. Do you have any other comments, questions, or concerns?

Thank you for helping us to provide exceptional customer service!

Please provide your name if you would like to discuss your customer experience with a pharmacy staff person or learn about picking up your medications at another AllHealth Network office. _____

You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services. To place a grievance or complaint contact 303-347-6405 to speak with AllHealth Network's client representative. By following this process, we can ensure that your concerns will be reviewed and an investigation will be started within 5 calendar days. Every attempt shall be made to resolve all grievances within 14 calendar days. You will be informed of the resolution of the complaint/grievance.

The toll-free number for Medicare to file a complaint/or to speak with customer service is 1-800-MEDICARE or 1-800-633-4227.

If you return your survey by mail, please send it to the AllHealth Network Pharmacy, 5500 S Sycamore St, Suite 100, Littleton, CO 80120