

BENEFICIARY SATISFACTION SURVEY (DMEPOS Products/Services)

In an effort to continuously monitor and maintain the highest degree of customer satisfaction and service you receive from our Pharmacy, please complete this survey and return to the address listed below. We highly value your opinion!

Date:

Beneficiary Name (optional):

DMEPOS Product/Service Received: Cane

Please rate your degree of satisfaction on a scale of 1 - 5. 1 indicating Complete Dissatisfaction and 5 indicating Complete Satisfaction (Circle your Score; If Not Applicable, Circle "NA")

Table with 8 rows of satisfaction categories (e.g., Customer Service, Time Frame for Delivery) and 5 columns of rating options (1-5) with handwritten scores circled in blue.

Comments: GREAT CUSTOMER SERVICE WONDROUS EXPERIENCE

Please Return Completed Survey to 931 Kennedy Blvd. Manville, NJ 08835