

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: Wheelchair

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 and 5-point scales. Circled '5's are present in the 4th column for all categories.

Comments: \_\_\_\_\_

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