

DME Item(s) Wheelchair

BENEFICIARY SATISFACTION SURVEY

[Click [HERE](#) to fill online survey]

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!

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")

1. Customer Service:

Pharmacist

1 2 3 4 **5** N/A

Pharmacy Personnel

1 2 3 4 **5** N/A

DMEPOS Product Trainer

1 2 3 4 **5** N/A

Delivery Driver

1 2 3 4 **5** N/A

1 2 3 4 5 **N/A**

2. Time Frame For Delivery of Product/Service

1 2 3 4 **5** **N/A**

3. Quality of Product/Service Received

1 2 3 4 **5** N/A

4. Product Ease of Use

1 2 3 4 **5** N/A

5. Product Set Up

1 2 3 4 **5** **N/A**

6. Training Received on Product Use

1 2 3 4 **5** N/A

7. Training Received on Care and Maintenance

1 2 3 4 **5** N/A

8. Product Safety

Comments: _____

