

Dear Provider,

We value the opinion of our providers. Please take a moment to fill out the survey below or go to ucihealth.org/providersurvey to fill out the survey online. Your response to this survey will help us improve the quality of services you receive here at UCI Health Outpatient Specialty Pharmacy. We thank you in advance for your participation and support.

Please circle the number that most closely represents the level of service you received with 1=Poor and 5=Excellent.

SURVEY ITEM	SCALE					
	Poor	Fair	Good	Very Good	Excellent	Not Applicable
1. Prescription support from pharmacy staff, assistance with insurance coverage (prior authorization/appeals), and financial support	1	2	3	4	5	N/A
2. Referral process and timeliness	1	2	3	4	5	N/A
3. Communications with pharmacist or pharmacy support	1	2	3	4	5	N/A
4. Pharmacy staff knowledge of health condition/medication and ability to answer clinical questions	1	2	3	4	5	N/A
5. Ability of pharmacy to resolve any issue which may have arisen	1	2	3	4	5	N/A
6. Overall experience with the specialty pharmacy	1	2	3	4	5	N/A
7. UCI Health Outpatient Specialty Pharmacy's overall service compared to other specialty pharmacies	1	2	3	4	5	N/A
Comments/Suggestions:						