



# APEX PHARMACY

## Website Survey:

Thank you for agreeing to participate in our Customer Satisfaction Survey. We value your feedback and strive to continually provide optimal services to all of our customers. This survey is comprised of seven questions which should take you less than three minutes to complete. Your responses are aggregated with others and become anonymous when they are reviewed by our team.

If any question does not pertain to you please choose N/A for Not Applicable.

1. Indicate your level of satisfaction with the ease at which you were able to access an Apex Pharmacy representative who was able to answer your question.  
 Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied    N/A
2. Indicate your level of satisfaction with the professionalism, knowledge and helpfulness of the Apex Pharmacy representative with which you worked.  
 Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied    N/A
3. Indicate your overall satisfaction with your experience with Apex Pharmacy.  
 Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied    N/A
4. Please rate your level of satisfaction with reports, correspondence or materials letters you may have received from Apex Pharmacy.  
 Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied    N/A
5. We would like to hear your feedback in your own words. Please provide any comments you wish to convey to our team.  
Memo Field
6. Do you give Apex Pharmacy permission to share your comments with others on their website or in their marketing materials?  
 Yes    No
7. I am best described as:
  - Patient or Caregiver
  - Provider or Provider office staff
  - Health Plan or Payer Staff
  - GPO or Manufacturer
  - Vendor

Thank you for taking the time to complete this survey and sharing your feedback with us. We look forward to working with you again!