



Client Satisfaction Survey

Thank you for taking the time to participate in this survey. Your feedback is appreciated and will be a valuable tool in RESTAT's ongoing goal to provide exceptional quality service in the management of your prescription benefit plan(s).

Please print this form upon completion and fax it to (262) 338-5767 (Attention: Manager of Client Services)

Customer / Client Name:	Participant Name:	
Date:	Phone Number:	Email:
RESTAT Account Representative(s):		<i>Please check here if you do not know</i> <input type="checkbox"/>

1. How satisfied are you with your Account Representative's availability?

Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

Comments:

2. How satisfied are you with the return of calls from RESTAT's Account Representative(s)?

Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

Comments:

3. How satisfied are you with the resolutions of your questions and follow up received?

Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

Comments:

4. How satisfied are you with the accuracy of your plan implementation or plan changes?

Very Satisfied Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

Comments:

5. My Account Representative is courteous and professional.

Always Frequently Sometimes Seldom Never

Comments:

6. Communication is clear and concise.

Always Frequently Sometimes Seldom Never

Comments:

Please feel free to share any additional comments or suggestions below.