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SUGGESTION FORM

CalOptima Pharmacy Management

Submit your ideas for program improvements on this form to the CalOptima Pharmacy Management Department.

Name:
Title or Position:
Pharmacy:
Address:
Telephone:

I. What is the subject of your suggestion?

II. Describe the situation, condition, method, or procedure to be improved. Please be specific—what is wrong? Provide documentation if applicable.



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III. What is your suggestion? Please be specific—describe the improvement and tell how it can be made.

IV. How will your suggestion improve the present situation?

Fax to:

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(714) 246-8471 phone