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.
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:
CalOptima Pharmacy Management
(714) 246-8649 fax
(714) 246-8471 phone