

CUSTOMER SATISFACTION SURVEY

DOCTOR/PRACTICE NAME:

(INSERT PRACTICE/DOCTOR NAME) requests your help.

Please complete the following Customer Satisfaction Survey based on your recent interaction with (INSERT DOCTOR NAME), his internal staff, or his billing department.
Your feedback will help us identify ways to improve our level of service in the future.

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|---|---|--|---|--|
| 1. The convenience of the office location. (Please consider travel time, access to public transportation, and parking.) | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> FAIR | <input type="checkbox"/> POOR |
| 2. The accessibility of the office. (ie. Is the office easy to find?, Are stairs or elevators readily available?, Is the handicapped entrance adequate?, etc) | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> FAIR | <input type="checkbox"/> POOR |
| 3. The comfort of the reception area. | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> FAIR | <input type="checkbox"/> POOR |
| 4. The comfort of the examining room(s). | <input type="checkbox"/> CONSISTENTLY MORE | <input type="checkbox"/> MORE THAN EXPECTED | <input type="checkbox"/> AS EXPECTED | <input type="checkbox"/> LESS THAN EXPECTED |
| 5. The quality of the care received. | <input type="checkbox"/> CONSISTENTLY MORE | <input type="checkbox"/> MORE THAN EXPECTED | <input type="checkbox"/> AS EXPECTED | <input type="checkbox"/> LESS THAN EXPECTED |
| 6. The amount of time spent with your physician. | <input type="checkbox"/> CONSISTENTLY MORE | <input type="checkbox"/> MORE THAN EXPECTED | <input type="checkbox"/> AS EXPECTED | <input type="checkbox"/> LESS THAN EXPECTED |
| 7. The courtesy of the staff. | <input type="checkbox"/> CONSISTENTLY MORE | <input type="checkbox"/> MORE THAN EXPECTED | <input type="checkbox"/> AS EXPECTED | <input type="checkbox"/> LESS THAN EXPECTED |

COMMENTS/TESTIMONIAL:

Thank you very much for taking the time to complete this survey. Your feedback is valued and very much appreciated!

Please check this box to grant us permission to use your testimonial on our website and in future marketing efforts.