



117 West South Street
PO Box 579
Munfordville, KY

Phone: (270) 524-7231
Fax: (270) 524-7415
www.MunfordvilleFMC.com

OF HART COUNTY

Please circle your physician for this visit:

Hemmer, MD Jarvis, APRN Mester, APRN Middleton, MD Percefull, DNP Saltsman, APRN

Appointment Date ____/____/____

What time was your appointment? _____

RATING SCALE: E – Excellent G – Good P – Poor N/A Not Applicable

FRONT OFFICE/SCHEDULING/REGISTRATION/CHECK-IN:

How was your experience when you were making an appointment?	E	G	P	N/A
Was the person on the phone polite and helpful?	E	G	P	N/A
When you arrived, were you greeted promptly?	E	G	P	N/A

Any (P)oor ratings please explain in more detail. _____

BILLING INSURANCE OFFICE:

When you contact our billing insurance office do you feel that your questions were adequately answered?	E	G	P	N/A
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Any (P)oor ratings please explain in more detail. _____

CHECK-OUT:

How would you rate your check-out experience?	E	G	P	N/A
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Any (P)oor ratings please explain in more detail. _____

NURSING STAFF:

Do you feel that your questions are answered in a caring, helpful and informative manner?	E	G	P	N/A
Did the nurse tell you what to expect during your appointment?	E	G	P	N/A
Did you have the opportunity to ask the nurse questions?	E	G	P	N/A

Any (P)oor ratings please explain in more detail. _____

RATING SCALE: **E – Excellent** **G – Good** **P – Poor** **N/A Not Applicable**

LABORATORY/X-RAY STAFF:

Do you feel that your questions are answered in caring, helpful and Informative manner?	E	G	P	N/A
Did the technician tell you how long to expect to wait for the results?	E	G	P	N/A
Did you have the opportunity to ask the technician questions?	E	G	P	N/A

Any (P)oor ratings please explain in more detail. _____

PHYSICIAN:

Once in the exam room, how was your waiting time?	E	G	P	N/A
During your examination, did you feel like your physician listened to you?	E	G	P	N/A
Did you feel like your physician took time to answer your questions?	E	G	P	N/A
Did you feel that your physician was professional, informative and caring?	E	G	P	N/A
How would you rate your experience with your physician?	E	G	P	N/A

Any (P)oor ratings please explain in more detail. _____

THE PRACTICE:

Do you feel our hours of operation are convenient?	E	G	P	N/A
Do you feel comfortable in our waiting room?	E	G	P	N/A
What is your overall impression of our practice?	E	G	P	N/A

Would you recommend your physician and our practice to others? (Circle One) YES NO

Any (P)oor ratings please explain in more detail. _____

Please list any suggestions or comments about our practice that we did not address above:

Were there any staff members you believe are worthy of special recognition?

If you prefer to identify yourself, you may provide your name and address below:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Hours of Operation: Monday – Friday 8:00am – 6:00pm Saturday 8:00am – 12:00pm