Family Medical Center OF HART COUNTY

PATIENT SATISFACTION SURVEY

Your comments will help us evaluate our operations to ensure that we are truly responsive to your needs. Please complete this survey and return in the enclosed self-addressed stamped envelope. Your opinions and suggestions are welcomed and will be taken seriously. Thank You.

Please circle your primary physician for this visit: Dr. Middleton Dr. Shah NP Pierce NP Briggs NP Gray Dr. Salisbury Dr. Hemmer How did you hear about us? Friend/Family Insurance Physician Referral Internet Radio Newspaper What time was your appointment? _____ RATING SCALE: E – Excellent G – Good P - Poor FRONT OFFICE/SCHEDULING/REGISTRATION/CHECK-IN: How was your experience when you were making an appointment? Ε G Ρ E G When you called was the phone answered promptly (within three rings)? Ρ Was the person on the phone polite and helpful? E G Ρ F When you arrived, were you greeted promptly? G Р E G Ρ Was the front office staff courteous during your check-in process? Any (F)air or (P)oor ratings please explain in more detail. **BILLING INSURANCE OFFICE:** When you contact our billing insurance office do you feel that your Ε Ρ questions were adequately answered? G Any (F)air or (P)oor ratings please explain in more detail. CHECK-OUT: Was the front office staff courteous during your check-out process? Ε G Ρ Е G Ρ How would you rate your check-out experience? Any (F)air or (P)oor ratings please explain in more detail. **NURSING STAFF:** Е G Ρ Do you feel the staff was courteous and professional while caring for you? Do you feel that your questions are answered in a caring, helpful and informative manner? Ε G Ρ E Did the nurse tell you what to expect during your appointment? G Ρ E Ρ Did you have the opportunity to ask the nurse questions? G Any (F)air or (P)oor ratings please explain in more detail.

RATING SCALE:	<u>E – Excellent</u>	G – Good		<u> </u>	<u>Poor</u>
LABORATORY/X-RAY ST	AFF:				
Do you feel the staff was courteous and professional while caring for you?			Е	G	Р
Do you feel that your questions are answered in caring, helpful and Informative manner?			E	G	Р
Did the technician tell you how long to expect for the results?			Е	G	Р
Did you have the opportunity to ask the technician questions?			Е	G	Р
Any (F)air or (P)oor ratings	s please explain in more detail				
PHYSICIAN:					
How was your waiting time once in the exam room?			Е	G	Р
During your examination, did you feel like your physician listened to you?			Е	G	Р
Did you feel like your physician took time to answer your questions?			Е	G	Р
Did you feel that your physician was professional, informative and caring?			Е	G	Р
How would you rate your experience with your physician?			Е	G	Р
Did your physician explain to you what to expect during your examination?			Е	G	Р
Any (F)air or (P)oor ratings	s please explain in more detail				
THE PRACTICE:					
Do you feel our hours of operation are convenient?			Е	G	Р
Do you feel comfortable in our waiting room?		Е	G	Р	
Did you have any trouble parking?		Е	G	Р	
What is your overall impression of our practice?			Е	G	Р
Would you recommend your physician and our practice to others? (Circle One)			YES NO		NO
Any (F)air or (P)oor ratings	s please explain in more detail				
Do you have any suggestion	ons or comments about our practice YES	e that we did not addre	ess above	? (Circle	One)
Were there any staff members	pers you believe are worthy of spec	cial recognition?			
If you prefer to identify you Name:	rself, you may provide your name a	and address below:			
Address:					
City:	State:Zip:				
Phone:					