Satisfaction Questionnaire

Today’s Date: ____________            Name (optional):___________________________________

May a manager/administrator contact you for more details?  □ YES  □ NO

   If yes, what is the best number and time to reach you? _______________________________

Are you the □ patient  □ referring physician  □ insurance company?

Which doctor did you see today? If you were not seen today, when was your appointment? ______

   □ Dr. Wm Cox       □ Dr. Kevin Cox       □ Dr. Torres       □ Dr. Hurbani

Which of the following influenced your decision to make an appointment with us? (If more than one reason, please rank in order of importance)

□ Proximity to your home or office (Ranking: _____)
□ Availability to make an appointment (timeliness) (Ranking: _____)
□ Referral from another patient (Ranking: _____) Name: ________________________________
□ Referral from a friend or family member (Ranking: _____)
□ Referral from another physician (Ranking: _____) Name: ______________________________
□ Reputation of the physician you are seeing
□ Participation in your medical insurance plan

What medical insurance coverage do you have (e.g. Medicare, BC/BS, etc.)?

Phone System

Were the instructions clear and easy to follow? □ YES □ NO

Were you able to reach the person you were calling? □ YES □ NO
   If no, what problem did you have? ______________________________________________

Was your call answered in a timely manner? □ YES □ NO

   How long did you have to wait to speak with an □ appointment scheduler □ receptionist □ surgery scheduler?

   □ 0-2 minutes □ 3-5 minutes □ 6-10 minutes □ 11-15 minutes □ >16 minutes

If you left a message, was it returned in a timely fashion? □ YES □ NO

Did you leave the message with □ appointment scheduler or □ their voice mail □ receptionist or □ general delivery
mail box, □ surgery scheduler or their □ voice mail □ clinical department or their voice mail, □ billing department or
□ their voice mail? Who was the message for? _________________________ What name was on the voice mail?

________________________________

When calling to schedule an appointment, how long did you have to wait until an appointment was available?

________________________________

Would you prefer to speak with □ a live person, or □ the auto-attendant to have your call directed? How long would
you be willing to hold to speak with a live person? __________________

Are you more comfortable leaving a message with □ a live person, □ a voicemail, □ email?
Satisfaction Questionnaire

General Office Experience

From the time, you signed in for your appointment, how long did you have to wait until you were registered?

- [ ] 0-5 minutes
- [ ] 6-15 minutes
- [ ] 16-30 minutes
- [ ] 31-60 minutes
- [ ] >60 minutes

What time did you sign in? __________ What time were you registered? __________

From the time of your appointment, how long did you have to wait until you were placed in the examination room?

- [ ] 0-5 minutes
- [ ] 6-15 minutes
- [ ] 16-30 minutes
- [ ] 31-60 minutes
- [ ] >60 minutes

From the time of your appointment, how long did you have to wait until you were placed in the examination room?

- [ ] 0-5 minutes
- [ ] 6-15 minutes
- [ ] 16-30 minutes
- [ ] 31-60 minutes
- [ ] >60 minutes

Did our checkout desk, check you out in a timely fashion? [ ] YES [ ] NO

Did they answer any relevant questions? [ ] YES [ ] NO

Did you have any problems scheduling your follow-up appointment? [ ] YES [ ] NO If yes, please explain:

__________________________________________________________________________________________________

Please rate us on the following

Front Office (From appointment scheduler, switchboard operator, check-in, register and check out):

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courtesy and helpfulness of the receptionist when you called to make your appointment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courtesy and helpfulness when you checked in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courtesy and helpfulness when you registered your insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courtesy and helpfulness when you checked out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to get a timely appointment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parking availability</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical Department: (Medical Assistants, Technicians)

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance of the examination room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wait time for appointment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of time the doctor spent with you</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Interest and patience of the doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explanation of treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General quality of care</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
# Satisfaction Questionnaire

**Secretaries / Surgery Schedulers**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely returned phone calls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were surgery letters and payment expectations explained to you prior to surgery</td>
<td></td>
<td></td>
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<tr>
<td>After you submitted and paid for disability forms with your portion filled out, were these done in a timely fashion?</td>
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</tbody>
</table>

**Billing Department**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone call answered in a timely fashion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explanation of billing, charges, or insurance</td>
<td></td>
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Other:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Other:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Would you refer other people to our practice?  □ YES □ NO

Do you have any other comments or suggestions which might help us to improve our service to you? All comments whether positive or negative, are appreciated.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

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