



## PATIENT SATISFACTION SURVEY

To help us better serve you, please complete this survey and return it in the provided envelope, at your convenience. If you prefer to fax your survey, you may send it to (907) 222-1402. Thank you!

STATEMENT	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	N/A
<b>Front Desk Staff</b>						
The person that scheduled my appointment was courteous and helpful.						
The check-in process was timely and efficient.						
The check-in staff members were courteous.						
The front desk/lobby area looked organized and professional.						
The staff made a considerable effort to protect my privacy.						
<b>Medical Assistant</b>						
The medical assistant was courteous, caring and helpful.						
The medical assistant seemed knowledgeable and competent.						
I received a follow-up phone call after surgery.						
<b>Provider</b>						
My interaction with the provider was excellent.						
I did not have to wait an excessive length of time after check-in, to see the provider.						
My provider spent an adequate amount of time with me.						
My examination was thorough.						
My provider answered all of my questions satisfactorily.						
I would recommend this provider/office to my family and friends.						

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<b>Surgery Scheduling</b>						
The surgery scheduler was courteous and helpful.						
The scheduler's office appeared clean and organized.						
STATEMENT	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	N/A
My surgery was scheduled for a date/time that worked for my schedule.						
The scheduler sufficiently answered all of my questions.						
A benefit check was completed, so that I had an estimate of my financial responsibility for surgery.						
My post-op follow-up appointment was scheduled during my meeting with the scheduler.						
The scheduler seemed knowledgeable and competent.						
<b>Billing</b>						
My services were billed in a timely and accurate manner.						
The billing department staff members were pleasant and professional.						
<b>Additional Comments:</b>						
<b>Personal Information:</b>						
Would you like someone to contact you regarding your survey responses?    Yes    No    (circle one)						
If yes, please list the phone number at which you would like to be contacted: (    )    -						

Alaska Colorectal Surgery, P.C.

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