



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
Front Desk						
The person who took my call was courteous and helpful.						
(if submitted online) the new patient paperwork was easy to find/complete.						
The front desk/lobby area looked organized and professional.						
The staff made a considerable effort to protect my privacy.						
Medical Assistant						
Phone calls regarding test results, prescription refills, etc were returned in a timely manner.						
The medical assistant was knowledgeable, caring and helpful.						
I received a follow-up phone call to discuss my questions & concerns after surgery.						
Provider						
• Which provider did you see:						
I did not have to wait an excessive length of time after check-in, to see the provider.						
My provider showed me compassion & appropriate attention						
My provider gave me easy to understand instructions on my healthcare concerns.						
I would recommend this provider/office to my family and friends.						
Surgery Scheduling						
The surgery scheduler was courteous and helpful.						
STATEMENT	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	N/A
My surgery was arranged for a date/time that worked for my schedule.						

A benefit check was completed, so that I had an estimate of my financial responsibility for surgery.						
My follow-ups were scheduled during my pre-op appointment.						
The scheduler seemed knowledgeable and competent.						
Billing						
My services were billed and paid by insurance to my satisfaction.						
The billing department staff members were pleasant and professional.						
Additional Comments:						
<ul style="list-style-type: none"> - Overall, how would you rate our practice to your family/friends: 1 2 3 4 5 6 7 8 9 10 - Do you plan on continuing care with our office: Y/N . If no-may we ask why? - 						
Personal Information:						
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: () -						