



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. Hurbanis

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?



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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

Excellent Good Fair Poor

Front Office (From appointment scheduler, switchboard operator, check-in, register and check out):
 Courtesy and helpfulness of the when you called to schedule your appointment?

Courtesy and helpfulness of the receptionist when you called to make your appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and helpfulness when you checked in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and helpfulness when you registered your insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and helpfulness when you checked out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get a timely appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Department: (Medical Assistants, Technicians)

Appearance of the examination room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait time for appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time the doctor spent with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest and patience of the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Secretaries / Surgery Schedulers

	Excellent	Good	Fair	Poor
Timely returned phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were surgery letters and payment expectations explained to you prior to surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After you submitted and paid for disability forms with your portion filled out, were these done in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Billing Department

Phone call answered in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of billing, charges, or insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.
