

West Park Medical Group

Patient Satisfaction Survey

Dear Patient:

Your opinion is important to us as we work to provide patients with high quality medical care and service. You can help us determine how well we are serving your healthcare needs and how to improve our services by taking a few moments to complete this satisfaction survey. All responses will be kept confidential. Thank you for your time.

Sincerely

Kelly Cassano D.O.

Richard Amiraian, M.D.

Medical Director

Medical Director

PLEASE CHECK A RATING FOR EACH

Strongly

Mostly

Strongly

Mostly

Agree

Agree

Disagree

Not Sure

1. You were able to make an appointment with the provider at a time that was good for you.
2. You were able to make an appointment with the provider you wanted to see.
3. In urgent situations you were able to schedule timely visits.
4. The person in the provider's office who scheduled your appointment was courteous and helpful.
5. When you arrived for your appointment the provider's office staff was courteous and helpful.
6. Emergency situations were handled in priority fashion.
7. The provider's office staff handled any billing or claim concerns in a way that was courteous and helpful.
8. Your privacy was respected.
9. After you arrived for your appointment, you were taken care of in a timely fashion.
10. The staff informed you of any delays.
11. The waiting area was clean and comfortable.
12. The provider was caring and compassionate.
13. The provider answered questions thoroughly.
14. Your test results were explained to you.
15. You were given clear instructions on what you were to do about your condition or health after you left the office.
16. The provider returned your telephone calls promptly.
17. When we referred you to another provider for care, we provided you with all necessary information.
18. Would you recommend this facility to friends or family? Yes No
19. The provider care you received was:

| | | | |
|------------------------------------|-------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
|------------------------------------|-------------------------------|---------------------------------------|---|
20. Rate your satisfaction with your overall office visit:

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Mostly satisfied | <input type="checkbox"/> Mostly Dissatisfied | <input type="checkbox"/> Very Dissatisfied |
|---|---|--|--|

Additional comments: _____