



### Client Satisfaction Survey

Please rate your recent experience with our company	Poor	Fair	Good	Above Avg	Excellent
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#### OVERALL

Overall quality of care and services					
The length of time between receiving your prescription for therapy from your doctor and receiving your equipment					

#### RECEPTION/REGISTRATION

Your satisfaction with the reception/registration process					
Ease of making your appointment					
Courtesy and helpfulness of the staff who handled your registration					
The amount of time you had to wait between arriving in the office and meeting with the staff					
Satisfaction with our office					
Courtesy and helpfulness of staff handling your insurance verification process, prior to receiving your PAP device					
Your satisfaction with the communication you received regarding your insurance verification prior to receiving your PAP device					

#### DURING THE VISIT

Clear and complete explanations about your therapy and equipment					
The amount of time spent with you during your visit					
The amount of confidence and trust you had in the staff member who helped you					
The willingness of the staff to listen to your questions, concerns and opinions					
Responsiveness to your requests by the staff					
The amount of dignity and respect shown to you by the staff					
Clear and complete explanation about the safe use of your therapy equipment					
Clear and complete explanation about signs and symptoms to watch for and report to your physician					

#### AFTER THE VISIT

The quality and value of the equipment you received					
After starting therapy in your home, the support you received from our staff					
After starting therapy in your home, the availability of staff when you called with a question or concern					
After starting your therapy, how would you rate the follow-up care provided to you by our staff					
If you had a complaint about your visit, how would you rate the response to your complaint?					

**Is there anything that we could do to improve our service to you?**

Montage Medical supports the patient's right to articulate dissatisfaction with the service received by Montage Medical, without the fear of reprisal. Montage Medical will take the following Steps upon receiving a patient complaint:

1. Review the details of the specific complaint.
2. Investigate the facts of the situation.
3. Montage will take decisive action to remedy the situation.
4. Montage commits to communicate the results of the investigation and the remedy to the patient lodging the complaint.

Every patient will be provided with a Patient Satisfaction Survey which asks for patient Name, address and for specifics of any complaint.

Name (Optional) \_\_\_\_\_ Phone (Optional) \_\_\_\_\_