
STEELEVILLE FAMILY PRACTICE

Dear Patient:

Would you please take a few minutes of your time to help us? Our goal is to provide comfort and satisfaction as well as the very best medical care to all our patients. We'd like to know how you feel about our medical services, our patient handling systems, our physicians and staff members. Your comments will help us evaluate our operations to ensure that we are truly responsive to your needs.

Thanks for your help.

PHYSICIAN SEEN: _____

PLEASE RATE THE FOLLOWING (circle appropriate response):

	Excellent	Very Good	Good	Fair	Poor	Not Applicable
A. YOUR APPOINTMENT:						
1. Ease of making appointments by phone	5	4	3	2	1	N/A
2. Appointment available within a reasonable amount of time	5	4	3	2	1	N/A
3. The efficiency of the check-in process	5	4	3	2	1	N/A
4. Waiting time in the reception area - _____ minutes	5	4	3	2	1	N/A
5. Waiting time in the exam room - _____ minutes	5	4	3	2	1	N/A
6. Keeping you informed if your appointment time was delayed	5	4	3	2	1	N/A
7. Ease of getting a referral when you need one	5	4	3	2	1	N/A
B. OUR STAFF:						
1. The courtesy of the person who took your call	5	4	3	2	1	N/A
2. The friendliness of the receptionist	5	4	3	2	1	N/A
3. The caring concern of our nurses/medical assistants	5	4	3	2	1	N/A
4. The helpfulness of the people in our business office	5	4	3	2	1	N/A
5. The manner in which your bill was handled by the cashier	5	4	3	2	1	N/A
6. The professionalism of our laboratory staff	5	4	3	2	1	N/A
7. Insurance claims filed in a timely manner	5	4	3	2	1	N/A
C. OUR COMMUNICATION WITH YOU:						
1. Your phone calls answered properly	5	4	3	2	1	N/A
2. Availability of medical information/advice by telephone	5	4	3	2	1	N/A
3. Your billing statement is easy to understand	5	4	3	2	1	N/A
4. Your test results reported in a reasonable amount of time	5	4	3	2	1	N/A
5. Payment policies fully explained	5	4	3	2	1	N/A
6. Your ability to contact us after hours	5	4	3	2	1	N/A

(Please complete the reverse side)
