

Dr. Amanambu/Pax Medical Associates

Patient Satisfaction Survey

We would like to have your help in identifying any problems as well as those things which we are doing right! Your response will be confidential unless you choose to place your name on the survey. Please be as honest as possible so we can provide the highest quality of care.

General Questions

Date of your visit to our office: _____

Reason for visit: Regularly Scheduled Appt Walk In Procedure New Patient

How did you hear about us? Family/Friend Website Internet Search

Newspaper Other (please list) _____

Did you have any trouble locating the physician's office upon enter the building? yes no

Reception/Scheduling

Are our phones answered promptly? yes no

How long was your call on hold? <5 minutes >5 minutes >10 minutes

Was the staff member courteous and helpful? yes no

Have you previously left a message for our office? yes no

How quickly was your message returned (business days)? 1-2 3-4 5+

Have you called in for a prescription refill? yes no

How soon was your prescription at your pharmacy (business days)? 1-2 3-4 5+ business days

Did you receive a reminder call about your appointment? yes no

Were you informed prior to your appointment of any pre-payment requirements? yes no

Was the waiting area neat and clean? yes no

Did the front desk staff verify your address, phone number and insurance upon arrival for your appointment? yes no

Was the front desk staff member courteous and professional? yes no

Was the availability of the appointment reasonable? yes no

If no appointment was available, were you informed of our walk-in hours? yes no

How long was your wait time in the waiting room? _____

Survey is continued on the back.

Clinic Staff

Was the clinical staff courteous, helpful and compassionate? yes no

Did the clinical staff review your medications prior to placing you in an exam room? yes no

Did the clinical staff demonstrate good clinical explanations and skills? yes no

Did you have tests performed at your appointment? yes no

If yes, did you receive your results in a timely manner? yes no

Would you like to be notified of your test results? yes no

If yes, how would you like to be notified? Telephone e-mail mail

Physician

Was the amount of time the doctor spent with you adequate? yes no

Did he take the time to answer your questions? yes no

Did the physician provide the information you needed to understand your care? yes no

Was the physician friendly, personable and concerned? yes no

Was the wait time in the exam room adequate? yes no

Billing

Was your bill accurate? yes no

Have you had to call our office regarding your bill? yes no

If yes, was your bill properly explained to you? yes no

Have you left a message for the billing department? yes no

If yes, how soon was your called returned (in business days)? 1-2 3-4 5+

Did the billing staff adequately resolve any billing issue you may have had? yes no

Additional Comments

Would you refer family or friends to our office? yes no

If not, please explain why: _____

Are there any other services you would like us to provide in office? _____

Is there anything else you would like us to know? _____

If you would like to be contacted by the Practice Administrator to discuss your answers in more detail, please list your name and phone number: _____