



Customer Satisfaction Survey

Purpose

The purpose of this survey is to get feedback from you, our customers, so that we may provide you with the highest quality service.

Provider Name :

Equipment Provided:

Please fill out the questions below

(1 being the lowest rating and 5 being the highest)

1. Date of Service (enter as digits - ie: 01/31/2012)
2. Was the equipment/service provided in a timely manner? 1 2 3 4 5
3. Were you given complete instructions on your equipment/care? 1 2 3 4 5
4. Were all your questions answered to your satisfaction? 1 2 3 4 5
5. Was the staff courteous, knowledgeable, and professional? 1 2 3 4 5
6. Were you instructed on who/where to call with questions or problems? 1 2 3 4 5
7. Were you satisfied with your equipment/service? 1 2 3 4 5
8. Would you recommend our equipment/services to others? 1 2 3 4 5
9. Have you used the *DME Links and Product Information* found on the ReliaCare Web site under Member tab? Yes No If yes, were they helpful? Yes No
10. Please share your comments or suggestions on how we might serve you better:

Name (optional)

Phone (optional)

Email (optional)