

Patient Experience Feedback Survey

Dear Patient! According to our records, you recently visited **Nature Coast Health Care**. Please share your opinion about the services you received. Your response will be kept strictly confidential and will help us to provide you with better quality of care. Thank you for your help and participation in this important matter.

PLEASE RATE THE FOLLOWING:

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
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. Getting care for illness/injury as soon as you wanted.	5	4	3	2	1	N/A
4. Getting after-hours care when you needed.	5	4	3	2	1	N/A
5. The efficiency of the check-in process.	5	4	3	2	1	N/A
6. Waiting time in the reception area.	5	4	3	2	1	N/A
7. Waiting time in the exam room.	5	4	3	2	1	N/A
8. Keeping you informed if your appointment was delayed.	5	4	3	2	1	N/A
9. Ease of getting a referral when you needed one.	5	4	3	2	1	N/A
B. OUR STAFF	5	4	3	2	1	N/A
1. The courtesy of the person who took your call.	5	4	3	2	1	N/A
2. The friendliness and courtesy of the receptionist.	5	4	3	2	1	N/A
3. The care and concern of our nurses/medical assistants.	5	4	3	2	1	N/A
4. The helpfulness of the people who assisted you with billing or insurance.	5	4	3	2	1	N/A
5. The professionalism of our lab or x-ray staff.	5	4	3	2	1	N/A
C. OUR COMMUNICATION WITH YOU	5	4	3	2	1	N/A
1. Your phone calls answered promptly.	5	4	3	2	1	N/A
2. Getting advice or help when needed during office hours.	5	4	3	2	1	N/A
3. Explanation of your procedure, if applicable.	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. Effectiveness of our health information materials.	5	4	3	2	1	N/A
6. Our ability to return your calls in a timely manner.	5	4	3	2	1	N/A
7. Your ability to contact us after hours.	5	4	3	2	1	N/A
8. Your ability to obtain prescription refills by phone.	5	4	3	2	1	N/A

