



Dear Patient:

We value you as a patient and your feedback is very important to us. Below are 20 questions about your visit. Please answer each question by checking the box that best represents your experience.

<p>1. What provider did you see today?</p> <p><input type="checkbox"/> Dr. Hunter Greene <input type="checkbox"/> Dr. Paul Sasaura <input type="checkbox"/> Erin Audrain, PA <input type="checkbox"/> Dr. Robert Cameto <input type="checkbox"/> Dr. Roy Pottenger <input type="checkbox"/> Nate Nicolet, PA <input type="checkbox"/> Michael Denton, PA <input type="checkbox"/> Dr. Brian McDowell <input type="checkbox"/> Dr. Amy Duckworth</p> <p>2. What time was your appointment scheduled for today?</p> <p><input type="checkbox"/> 7:30am – 7:45am <input type="checkbox"/> 8:00am – 9:45am <input type="checkbox"/> 10:00am -11:45 am <input type="checkbox"/> 12:00pm – 1:45pm <input type="checkbox"/> 2:00pm – 3:45 pm <input type="checkbox"/> 4:00pm – 4:45pm <input type="checkbox"/> 5:00pm - 6:45 pm (After Hours)</p> <p>3. What type of appointment did you have today?</p> <p><input type="checkbox"/> New Patient <input type="checkbox"/> Recheck / Follow-up Visit <input type="checkbox"/> Pre-Operative / Post-Operative Visit <input type="checkbox"/> Urgent Care <input type="checkbox"/> Extended / After Hours Appointment (after 5:00 pm)</p> <p>4. How did you make your appointment?</p> <p><input type="checkbox"/> By Phone <input type="checkbox"/> At my last visit <input type="checkbox"/> Online</p>

Please check the box that best represents your experience with today’s appointment. If a question doesn’t apply to your situation, check Box 0 for “Does Not Apply.” If the patient is a minor/child or cannot complete the survey, family members may do so.

0 = DOES NOT APPLY

How Would You Rate: 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

Getting an appointment:	0	1	2	3	4	5
5. Ease in getting through to the office by phone to make your appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Courtesy of phone scheduler for your office appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Length of time between making your appointment and day of your visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The explanation of billing policy/questions when you called by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At your appointment:	0	1	2	3	4	5
9. Courtesy of front desk staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The waiting time to see the Doctor/PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If you experienced a wait time did anyone alert you that your provider was running late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The explanation of billing questions during your visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Courtesy of clinic staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Knowledge of clinic staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Surgery Scheduling:	0	1	2	3	4	5
15. Courtesy of NCOC phone scheduler for your surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Length of time between it took to receive a call back from the surgery scheduler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacting Our Office:	0	1	2	3	4	5
17. If you left a message for MD/PA or Medical Assistant was it returned promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction:	0	1	2	3	4	5
18. What was your overall experience with the MD/PA that treated you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Would you recommend NCOC to a family member and/or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Would you recommend your treating MD/PA to a family member and/or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have additional comments, please feel free to write them in below. We strive to make each visit successful and your opinion truly makes a difference.

Thank you for taking the time to complete our Patient Satisfaction Survey. Your answers will assist us in understanding your needs and providing the high quality care that you expect and deserve. Please place your completed form in the Patient Satisfaction box located at the front desk. Or if you would like to mail this form, please address it to: NCOC Patient Satisfaction, 6403 Coyle Avenue Suite 170, Carmichael California 95608.

6403 Coyle Ave., Suite 170 Carmichael, CA 95608	<u>Locations:</u> Phone (916) 965-4000 Fax (916) 965-4813	2295 Fieldstone, Suite 210 Lincoln, CA 95648
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