**PULMONARY PROVIDERS GROUP, INC**

CLIENT/PATIENT SATISFACTION SURVEY

Client/patient Name: (Optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is our desire to provide you with the best quality home care services available. In order to help us maintain our high standards, please take a few minutes to tell us how we are doing. Please complete this form and note the response that most closely matches your experience.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Regarding Pulmonary Providers Group, Inc.** | **Extremely****Satisfied** | **Satisfied** | **Dissatisfied** | **Extremely****dissatisfied** |
| Equipment/supplies were delivered on time? |  |  |  |  |
| Equipment/supplies were clean and of good quality? |  |  |  |  |
| You were informed of how to contact the office both during and after hours? |  |  |  |  |
|  |  |  |  |  |
| **Regarding the staff of Pulmonary Providers Group, Inc.** | **Extremely****Satisfied** | **Satisfied** | **Dissatisfied** | **Extremely****dissatisfied** |
| The representative was courteous and polite? |  |  |  |  |
| The technician’s instructions were clear and understood prior to performing them? |  |  |  |  |
| My personal property was treated with respect? |  |  |  |  |
| I was informed of any co-payment or out of pocket cost prior to delivery? |  |  |  |  |
| Would you refer us to a friend? |  |  |  |  |

Comments:

Please return survey to Pulmonary Providers Group, Inc at 4521 W Lawrence Ave, Chicago,Il 60630, or email it to admin@pulmonaryprovidersgroup.com. (847)824-0500. Thank you for doing business with Pulmonary Providers Group.