

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.

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