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North Central Medical Supply & Equipment is committed to providing customers with quality medical supplies and equipment.

Our team is dedicated to providing excellent service with a customer focus. In an effort to improve our company we regularly request feedback from those with whom we do business. Your comments on the enclosed survey will be used to evaluate and improve our service. Your response will remain confidential. A self-addressed envelope is includes for your convenience.

Thank you for taking the time to provide us your feedback. Please call us at (218) 825-7331 or toll free at (888) 577-7331 if you have any questions or comments.

## **Patient Satisfaction Survey**

|        | 1.  | Was the e   |       | pment/serv<br>Yes             | vice provided  | l to y     | ou in<br>No   | a timely m   | anner?    |     | N/A                           |
|--------|---|-------------|-------|-------------------------------|----------------|------------|---------------|--------------|-----------|-----|-------------------------------|
|        | 2.  | Were you    | giv   | en comple <sup>s</sup><br>Yes | te instruction | s or       | how<br>No     | to use and   | care for  | yc  | our equipment?<br>N/A         |
|        | 3.  | Were all y  |       | questions<br>Yes              | answered to    | you        | ır sati<br>No | sfaction?    | [         |     | N/A                           |
|        | 4.  | Was our te  | eam   | n member(<br>Yes              | s) courteous   | , kno<br>□ | owled<br>No   | geable and   | profess   | ior | nal?<br>N/A                   |
|        | 5.  | Were you    |       | tructed on<br>Yes             | who/where to   | o ca       | ll with<br>No | questions    | or conce  | ern | ns?<br>N/A                    |
|        | 6.  | Does the 6  |       | ipment/sup<br>Yes             | oplies and ou  | ır se      | rvice<br>No   | meet your    | needs?    |     | N/A                           |
|        | 7.  | Would you   |       | commend<br>Yes                | our equipme    | nt/s       | ervice<br>No  | es to others | <b>?</b>  |     | N/A                           |
|        | 8. Were you provided a copy of the patient Bill of Rights and the Agreement and Consent form?  Were these documents explained to you? |             |       |                               |                |            |               |              |           |     |                               |
|        | 9. l  | f you could |       | Yes<br>ake one sı             | uggestion to   | mak        | No<br>e you   | ır experiend | ce with u | s t | N/A petter, what would it be? |
|        |   |             |       |                               |                |            |               |              |           |     |                               |
|        | 10.   | Comment     | ts: _ |                               |                |            |               |              |           |     |                               |
| Date : |   |             |       |                               | Name           |            |               |              |           |     |                               |

Thank you for your feedback. This information will be forwarded to our Quality Improvement Team.