BENEFICIARY SATISFACTION SURVEY

THANK YOU FOR TAKING THE TIME IN COMPLETING THIS BENEFICIARY SATISFACTION SURVEY. THIS SURVEY IS TO HELP ENSURE THAT WE ARE DOING OUR BEST TO HELP YOU, WITH YOUR MEDICAL NEEDS. IF YOU HAVE ANY FUTHER QUESTONS OR COMMENTS PLEASE FEEL FREE TO GIVE US A CALL.

NAME: PHO	NE NUMBER:					
ITEM RECEIVED: DATE	RECEIVED ITEM:					
ON A SCALE OF 1 TO 5, WHERE 1 REPRESENTS "EXTREMELY DISSATPLEASE ANSWER THE FOLLOWING QUESTIONS.	ΓISFIED" AND 5	REPRESE	NTS "EXTF	REMELY S	ATISFIED,"	
	5	4	3	2	1	DK/NA
HOW WOULD YOU RATE YOUR OVERALL SATISFACTION WITH THE HEALTHCARE STORE, INC. AS A SUPPLIER?						
HOW WOULD YOU RATE YOUR LEVEL OF SATISFACTION WITH THE HEALTHCARE STORE, INC IN REGUARDS TO CUSTOMER SERVICE?						
HOW WOULD YOU RATE YOUR LEVEL OF SATISFACTION WITH THE HEALTHCARE STORE, INC. IN THE DELIVERY OF YOUR EQUIPMENT?						
WAS OUR REPRESENTATIVE KNOWLEDGEABLE OF OUR PRODUCTS AND/OR SERVICES IN DEMOSTRATING THE PROPER CARE AND USE OF YOUR ITEM?						
WOULD YOU SAY THE CHANCES ARE	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	DK/NA
HOW LIKELY ARE YOU TO RECOMMEND THE HEALTHCARE STORE TO A FRIEND OR RELATIVE?						
HOW LIKELY ARE YOU TO REVISIT THE HEALTHCARE STORE, INC FOR FUTURE PRODUCTS AND/OR SERVICE NEEDS?						

IF YOU HAVE ANY FURTHER COMMENTS OR SUGGESTIONS PLEASE, FEEL FREE TO LET US KNOW HOW WE CAN BETTER SERVE YOU.

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