

PATIENT NAME: _____ DATE SENT: _____

Your opinion is important to us. In an effort to provide you with the highest quality equipment and service, we ask that you complete this questionnaire. We invite you to notify us if service levels are less than satisfactory. We review each concern and seek resolution to the satisfaction of all concerned. We welcome all suggestions from our customers in furthering our quality of service.

Rating Scale:				
Excellent	Average	Good	Poor	Very Poor
5	4	3	2	1

1. Please rate the cleanliness and working condition of your equipment and/or supplies when received:
2. Please rate the courtesy/friendliness of our staff:
3. Please rate your understanding and knowledge of your financial responsibilities:
4. Were your equipment and/or supplies delivered in a timely manner?
5. Please rate the promptness with which your phone calls were returned:
6. Were you satisfied with the training provided?
7. Did you understand the demonstration of the equipment?
8. In general, how do you rate the care and service you received?
9. Did you feel that the equipment provided was installed in a safe manner?
10. Do you think there were areas in which we could improve patient (your) safety? ☐ Yes ☐ No

If yes, describe: _____

Comments: _____

After filling in the form, print it, sign it and send it to
Goodcare by CPCI, 450 State Route 664 N, Logan, OH 43138

PATIENT'S SIGNATURE: _____ DATE SIGNED: _____