

NEPHROLOGY ASSOCIATES, P.C.

PATIENT SATISFACTION SURVEY

Your opinions are important to us. So that we may serve you better on each and every visit, please complete the following survey and *turn it in when you check-out-OR-return it by mail*. Your **confidential** responses will receive our prompt attention.

CIRCLE ONE: I was seen at:

Princeton Homewood Shelby UAB West St. Vincent's 119 Gardendale

Anemia Clinic Jasper Oneonta Trussville Oxford Pell City

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
My appointment was scheduled at the location most convenient for me.						
I was given a prompt, convenient appointment.						
The Registration Forms were easy to understand.						
The Reception personnel were courteous.						
The office waiting room time was acceptable.						
The exam room waiting time was acceptable.						
The doctor spent enough time with me.						
The doctor answered all of my questions.						
The nurse/medical assistant was friendly and helpful to me.						
Medical tests were scheduled efficiently and conveniently.						
I was offered reading material concerning my diagnosis.						
My overall visit today was a positive experience.						

Please tell us what you like about your visit to our office today. _____

If you have spoken on the phone with a billing representative, was the representative friendly and helpful?

How could we have improved our services to you? _____

So that we may show our appreciation to our staff who have been especially helpful to you, please give us their name(s):

Signature (Optional): _____ E-mail (Optional): _____

Thank you for participating in our survey!

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