

ACCESS HEALTH CARE VALUES YOUR OPINION!

In order to help improve our services, Access Health Care Physicians, LLC encourages and welcomes your feedback! We take customer service very seriously and your satisfaction is our priority! If you would like to be contacted regarding this survey, please leave your contact information when you submit this form at your practitioner's office, or you may contact our You Matter Team at youmatter@aurosmgmt.net or the You Matter Line at 877-379-4568. **Thank you!**

	Which Provider Did You See Today?
١	How likely is it that you will recommend our company to your friends or family members? 9-10 Extremely Likely 7-8 Likely 5-6 Will recommend if no other choice 0-2 Extremely Unlikely
	How satisfied were you with the way you were treated by the staff at this office? Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied
١	How satisfied were you with the way you were treated by the provider? Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied
١	How satisfied are you with the time frame of getting an appointment with this provider?? ☐ Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Dissatisfied
ı	How many minutes did you spend in the waiting room and exam room past your appointment time? 1-15 minutes 16-30 minutes 31-45 minutes 46+ minutes
	Did your personal provider listen carefully to you? Always Usually Sometimes Never
	Is it easy to get referrals for specialists? Always Usually Sometimes Never
ı	Overall, how would you rate your visit to this office today? Satisfied Somewhat Satisfied Somewhat Dissatisfied Dissatisfied

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ease tell us what, if anything	, we may offer our patients	s to enhance and/or im	prove our services. You	ı Matter
i you would like to be cor	ntacted regarding this su	rvey, please provide	your contact information	on below
Name:				
City:		State:	Zip:	
Email:	Home P	hone:	Cell Phone:	
I prefer to be contacte	ed by: 🗌 Email 🔠	Mail	none 🗌 Home Pho	one
Other		Best time	to call:	m ∏pr

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