



Dear Patient:

Would you take a few minutes of your time to help us? Our goal is to provide comfort, convenience, and satisfaction as well as the very best medical care to all our patients and families. Your comments will help us continue to improve our services. Please return your completed survey as quickly as possible. Thank you for your input.

Please circle the responses that best indicate your opinion about the services you received.

PATIENT SATISFACTION SURVEY

BEFORE YOUR OFFICE VISIT:	Excellent	Good	Poor	N/A
<i>How would you rate the:</i>				
1. Ease of getting through to the doctor's office by phone.	3	2	1	0
2. Courtesy of staff taking your call.	3	2	1	0
3. Availability of desired appointment.	3	2	1	0
4. Convenience of office hours.	3	2	1	0
5. Ease of parking.	3	2	1	0
6. Convenience of office to your home or work.	3	2	1	0
AT THE TIME OF YOUR VISIT:	Excellent	Good	Poor	N/A
<i>How would you rate the:</i>				
1. Courtesy of the office receptionist.	3	2	1	0
2. Registration process.	3	2	1	0
3. Waiting time to see the doctor.	3	2	1	0
4. Time spent with the doctor.	3	2	1	0
5. Comfort level and interaction with the doctor.	3	2	1	0
6. Instructions from doctor or staff regarding medications and follow-up care.	3	2	1	0
7. Ease of arranging follow-up visits.	3	2	1	0
8. Overall quality of care received.	3	2	1	0
AFTER YOUR VISIT:	Excellent	Good	Poor	N/A
<i>How would you rate the:</i>				
1. Promptness of returned phone calls.	3	2	1	0
2. Promptness of getting test results.	3	2	1	0
3. Care and professionalism shown by our staff and doctors.	3	2	1	0
4. Assistance with billing or insurance questions.	3	2	1	0
5. Overall rating of your visit.	3	2	1	0
6. Overall rating of this office.	3	2	1	0

PLEASE INDICATE THE PHYSICIAN OR PROVIDER SEEN AT YOUR LAST VISIT:

*****PLEASE TURN OVER AND COMPLETE BACK PAGE*****

visit us on the internet at www.commonwealthurology.com



GENERAL INFORMATION

1. Why did you choose this practice? *(Check all that apply)*
- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Another doctor recommended | <input type="checkbox"/> Friend/relative recommended | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Reputation for quality care | <input type="checkbox"/> Location of office | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ | |
2. What was the primary insurance coverage for the service received? *(Check one)*
- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Anthem/Blue Cross | <input type="checkbox"/> Bluegrass Family Health |
| <input type="checkbox"/> Humana | <input type="checkbox"/> Medicare | <input type="checkbox"/> Medicare Advan |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> United Healthcare | <input type="checkbox"/> Private Pay |
| <input type="checkbox"/> Other _____ | | |
3. Would you recommend our office to a family member or friend?
- YES NO If No, why not? _____
4. Have you ever visited our website at www.commonwealthurology.com? If so, did you find it helpful? YES NO
- _____
- _____

What aspects of our practice do you like best? _____

How could we improve our services? _____

Thank you for your time.

**Please return survey by mail or fax to:
Commonwealth Urology Corporate Office
1760 Nicholasville Rd, Ste 301
Lexington, KY 40503
Fax (859) 278-2326**

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