

Orthopaedic & Spine Center of New Jersey, P.A.

Patient Satisfaction Survey

Delivering the highest quality patient care of is our goal. We would therefore like to receive your feedback so we can make sure that we are meeting your needs. Your responses will help us improve these services. All responses will be kept confidential and anonymous. Thank you for your time.

Patient Name (Optional): _____

Your Sex: Male Female Age: _____

Please circle how well you think we are doing in the following areas:

GREAT: 5 GOOD: 4 OK: 3 FAIR: 2 POOR: 1

(If you circle a 2 or 1, please use the comment area at end to provide examples/feedback on our deficiencies)

1. Ease of scheduling your appointment:

Ease in speaking with appropriate staff:	5	4	3	2	1	_____
Ability to get an appointment:	5	4	3	2	1	_____
Convenience of office's location:	5	4	3	2	1	_____
Prompt return of calls:	5	4	3	2	1	_____
Staff advisement of insurance coverage:	5	4	3	2	1	_____

2. Waiting time during office visits:

Time in waiting room:	5	4	3	2	1	_____
Time in exam room:	5	4	3	2	1	_____
Waiting for tests to be performed:	5	4	3	2	1	_____

3. Doctor ordered services:

Process was clearly communicated by staff:	5	4	3	2	1	_____
Prompt insurance verification/pre-certification:	5	4	3	2	1	_____
If insurance denied, staff helpful in appealing decision:	5	4	3	2	1	_____

4. Surgery Coordination:

Ease in scheduling of procedure(s):	5	4	3	2	1	_____
Process was clearly communicated:	5	4	3	2	1	_____
Staff kept me abreast of status:	5	4	3	2	1	_____
Concerns/questions clearly addressed:	5	4	3	2	1	_____

5. Prescriptions and Documentation:

Ease in having prescriptions refilled:	5	4	3	2	1	_____
Ease in having required paperwork completed:	5	4	3	2	1	_____

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6. Staff:

Physician:

Listens to you:	5	4	3	2	1	_____
Takes enough time with you:	5	4	3	2	1	_____
Fully explains your condition and treatment options:	5	4	3	2	1	_____
Provides good advice and treatment:	5	4	3	2	1	_____

Office

Friendly and helpful to you:	5	4	3	2	1	_____
Answers your questions:	5	4	3	2	1	_____
Knowledgeable about you and your condition:	5	4	3	2	1	_____
Prompt return of calls:	5	4	3	2	1	_____

7. Payment :

Staff are knowledgeable about your insurance:	5	4	3	2	1	_____
Friendly and helpful to you:	5	4	3	2	1	_____
Explanation of charges:	5	4	3	2	1	_____
Staff courteous when collection of payment/money:	5	4	3	2	1	_____

8. Facility:

Neat and clean building:	5	4	3	2	1	_____
Ease of finding where to go:	5	4	3	2	1	_____
Comfort and Safety while waiting:	5	4	3	2	1	_____
Privacy:	5	4	3	2	1	_____

8. Confidentiality:

Keeping my personal information private:	5	4	3	2	1	_____
The likelihood of referring your friends and relatives to us:	5	4	3	2	1	_____

What do you like best about our office?

Comments: _____

What do you like least about our office?

Comments: _____

Suggestions for improvement?

Comments: _____

Comments: (if necessary, precede your comments with a survey item number)

Thank you for taking the time to complete our Survey!