



We are striving to provide you with the best dermatologic care possible. We would appreciate a few moments of your time to complete this survey as it will help us evaluate our operations to ensure that we are truly responsive to your needs. Please circle the answer that most reflects your thought on that given question. **Thank you for your help.**

		Excellent	Very Good	Good	Fair	Poor	Does Not Apply
A. YOUR APPOINTMENT							
1	Ease of making appointments by phone.	5	4	3	2	1	NA
2	Appointment available within a reasonable amount of time.	5	4	3	2	1	NA
3	Getting care for illness/injury as soon as you needed it.	5	4	3	2	1	NA
4	Getting after-hours care when you needed it.	5	4	3	2	1	NA
5	The efficiency of the check-in process.	5	4	3	2	1	NA
6	Waiting time in the reception area.	5	4	3	2	1	NA
7	Waiting time in the exam room.	5	4	3	2	1	NA
8	Ease of getting a referral when you needed one.	5	4	3	2	1	NA
B. OUR STAFF							
1	The courtesy of the person who took your call.	5	4	3	2	1	NA
2	The friendliness and courtesy of the receptionist/office staff.	5	4	3	2	1	NA
3	The helpfulness of the receptionist/office staff.	5	4	3	2	1	NA
4	Keeping you informed if your appointment time was delayed.	5	4	3	2	1	NA
5	The caring concern of our nurses/medical assistants.	5	4	3	2	1	NA
C. OUR COMMUNICATION WITH YOU							
1	Your phone calls answered promptly.	5	4	3	2	1	NA
2	Clear and concise phone communications.	5	4	3	2	1	NA
3	Getting advice or help when needed during office hours.	5	4	3	2	1	NA
4	Answering your questions in a way that was easy to understand.	5	4	3	2	1	NA
5	Your test results reported in a reasonable amount of time.	5	4	3	2	1	NA
6	Effectiveness of our patient education materials.	5	4	3	2	1	NA
7	Our ability to return your calls in a timely manner.	5	4	3	2	1	NA
8	Your ability to contact us after hours.	5	4	3	2	1	NA
9	Your ability to obtain prescription refills.	5	4	3	2	1	NA

D. YOUR VISIT WITH THE PROVIDER.		Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1	Willingness to listen carefully to you.	5	4	3	2	1	NA
2	Taking time to answer your questions.	5	4	3	2	1	NA
3	Amount of time spent with you.	5	4	3	2	1	NA
4							
	Explaining things in a way you could understand.	5	4	3	2	1	NA
5							
	Instructions regarding medication/follow-up care.	5	4	3	2	1	NA
6	The thoroughness of the examination.	5	4	3	2	1	NA
7	Advice given to you on ways to stay healthy.	5	4	3	2	1	NA
8	Knowledge of important information about your medical history.	5	4	3	2	1	NA
9	Showing respect for what you had to say.	5	4	3	2	1	NA
10	Including you in decision-making about your treatment plan.	5	4	3	2	1	NA

E. BILLING

1	Helpfulness of people who assisted you with	5	4	3	2	1	NA
2	Clarity of the billing statement.	5	4	3	2	1	NA
3	Accuracy of the billing statement.	5	4	3	2	1	NA
4	Promptness in resolving billing/insurance questions or problems.	5	4	3	2	1	NA

F. OUR FACILITY

1	Hours of operation are convenient for you.	5	4	3	2	1	NA
2	Overall comfort.	5	4	3	2	1	NA
3	Adequate parking.	5	4	3	2	1	NA
4	Signage and directions are easy to follow.	5	4	3	2	1	NA

G. YOUR OVERALL SATISFACTION WITH:

1	Our practice.	5	4	3	2	1	NA
2	The quality of your medical care.	5	4	3	2	1	NA
3	Overall rating of care from your provider.	5	4	3	2	1	NA

	Definitely YES	Probably YES	Don't Know	Probably NOT	Definitely NOT	
4	Would you recommend this provider to others?	5	4	3	2	1

Provider Name:

- Christopher A. Moeller, MD
- Landon M. Johnson, MD
- Karen Bohaty, PA-C
- Jennifer Frerichs, APRN

Location Seen:

- East - 1911 N. Webb Rd
- West - 4013 N. Ridge Rd

Date: _____

Comments:
