

Medicare Patient Survey

Part B: Medical, Non-Hospital Services



Your response in this survey helps Medicare improve its services. See our Privacy Notice below.

Your Medicare Account
#2124-5835-6590

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Visit: July 5th, 2007

Referred by: Dr. B. Good (Primary)

Oncology Specialist: Dr. Strong

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National Provider Identifier#

Medicare Hotline
1-800-633-4227
1-800-MEDICARE

TTY for Hearing Impaired
1-877-486-2048

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Directions: Circle the number that best fits your level of satisfaction with the medical practitioner and services. Thank you for your feedback.

Presentation	Dissatisfied					Satisfied	No Opinion
	1	2	3	4	5		
1) Received on time?	1	2	3	4	5		X
2) Introduced himself / herself?	1	2	3	4	5		X
3) Staff washed hands before examining you?	1	2	3	4	5		X
Service							
4) Listened and addressed your concerns?	1	2	3	4	5		X
5) Received diet and exercise counseling?	1	2	3	4	5		X
Outcome							
6) Your health improved since your visit?	1	2	3	4	5		X
7) You recommend this Physician?	1	2	3	4	5		X

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Complete this form and mail in prepaid envelop or visit the Medicare website: <http://MyMedicare.gov>
Call Us Toll-Free: 1-800-633-4227



Privacy Notice:

Medicare collects information from you in order to measure quality of care and assess health outcomes. The information you provide is solely for the purpose of maintaining quality care. No personally identifiable information is shared with physicians or third parties. Please contact Medicare if you have further comments or questions.