**ICMS PATIENT SATISFACTION SURVEY**

**Circle the service and name of the provider this survey is about: MEDICAL DENTAL BEHAVIORAL HEALTH**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Kim Saunders | Jim Hogan | Jen Desmond | Stuart Damon | Sarah McDonald | Roberta (Bobbie) Hall |
| Kathy Coleman | Patience Trainor | Dan Keniston | Peter Levandoski | Samantha Quinn |  |

We are interested in receiving your feedback about the care provided at our office. Please take a few minutes to complete this survey and return it to us. Your responses are important to us.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How satisfied are you with the following?** | **Extremely Dissatisfied** | **Very Dissatisfied** | **Satisfied** | **Very Satisfied** | **Extremely Satisfied** | **Not**  **Applicable** |
| 1. Ease of making appointment for checkups (physical exams, well visits, routine follow-up appointments, and dental)? | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Ease of making appointments for sickness/dental emergency? | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Ease in contacting your doctor/dentist when our office is closed (nights and weekends)? | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. The time it takes someone from our office to respond when you call the office? | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. Waiting time in our office? | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Ease in obtaining follow-up information and care (test results, medicines, care instructions)? | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. Overall care during your appointment? | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. Our office’s appearance? | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. The convenience of our office’s hours, parking, and layout (**please circle a specific one**)? | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. The way we teach you about improving your health? | 1 | 2 | 3 | 4 | 5 | N/A |
| 11. The way your provider involves other providers and caregivers in your care when needed? | 1 | 2 | 3 | 4 | 5 | N/A |
| **How caring would you say the following individuals are?** | **Extremely Uncaring** | **Very**  **Uncaring** | **Caring** | **Very Caring** | **Extremely Caring** | **Not Applicable** |
| 12. Your provider or dentist? | 1 | 2 | 3 | 4 | 5 | N/A |
| 13. Our medical staff? | 1 | 2 | 3 | 4 | 5 | N/A |
| 14. Our office staff? | 1 | 2 | 3 | 4 | 5 | N/A |
|  | **Definitely**  **Not** | **Probably Not** | **Not Sure** | **Probably** | **Definitely** | **Not Applicable** |
| 15. Would you recommend your provider or dentist to your family or friends? | 1 | 2 | 3 | 4 | 5 | N/A |

continued **➤**

***FPM* Toolbox** To find more practice resources, visit https://www.aafp.org/fpm/toolbox.

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**Please circle your responses.**

**These questions pertain to the patient to whom this survey was addressed:**

|  |  |  |  |
| --- | --- | --- | --- |
| 16. Age in years: |  |  |  |
| l  <1 | l  10-19 | l  40-49 | l  66-75 |
| l  1-4 | l  20-29 | l  50-59 | l  75+ |

l  5-9 l  30-39 l  60-65

1. Gender:

l  Male l  Female |Other

1. How long have you been a patient of this doctor?

l  Less than 1 year l  1-4 years l  5-9 years l  10 years or more

1. How many times have you visited this doctor’s office in the past 12 months for medical care?

l 0 l  1 l  2 l  3 l  4 l  5 l  6 or more

|  |  |
| --- | --- |
| 1. Your level of education: |  |
| l  8th grade or less | l  Some college |
| l  Some high school | l  College graduate |
| l  High school graduate | l  Post-graduate degree |
|  |  |

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SLIDING FEE PROGRAM**

The Medical Center offers a Sliding Fee Discount Program to all its patients. The scale is based on income and family size and is available to patients with or without insurance. The Sliding Fee Scale covers medical provider office visits and associated procedures.

1. Are you aware that ICMS has a financial assistance program? Yes / No

2. Are you currently on the ICMS Sliding Fee Program? Yes / No

3. Is the cost of the program a hardship for you? Yes / No

4. If you are not on the program, do you know how to sign up Yes / No

**If you have any questions or would like an application, please reach out to Janica Barrows at (207) 863-4341, ext. 1112 or jbarrows@icmsvh.org. All information is kept confidential.**

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