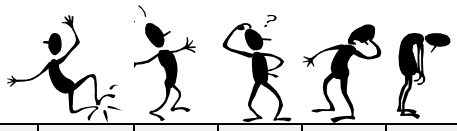
Beckman and Associates Inc.

Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours Center is open	5	4	3	2	1
Convenience of Center's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
I found adequate parking on a daily basis.	5	4	3	2	1
Time in waiting room	5	4	3	2	1
The Front Office Personnel were pleasant and professional.	5	4	3	2	1
The Front Office Personnel provided assistance with regard to scheduling and billing.	5	4	3	2	1
Staff:					
Provider:					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Quality and satisfaction of treatment	5	4	3	2	1
Progress in therapy (patient)	5	4	3	2	1



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Front office Staff:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Payment :					
What you pay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment/money	5	4	3	2	1
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
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 center? _____

_____

_____

What do you like least about our Center? _____

_____

_____

What would you tell other families about our clinic?

_____

_____

_____

_____

_____

_____

Thank you for completing our Survey!