



## Client Satisfaction Survey

### Instructions

Please answer all of the questions based primarily on your experiences with DPMG. This survey should take approximately five minutes to complete.

**Please fax completed form to DPMG at 916-446-9330**

Using the scale below, please rate the following services (Please circle)

1 = Poor      2 = Average      3 = Good      4 = Very Good      5 = Exceptional      NA = Not Applicable

<b>Customer Service</b>	Poor	Avg.	Good	Very good	Except.	
Call answering time	1	2	3	4	5	NA
Notification of problems (clarifying patient demographics, processing delays, etc.)	1	2	3	4	5	NA
Professionalism and courtesy	1	2	3	4	5	NA
Ability to resolve issues	1	2	3	4	5	NA
Accuracy and promptness of supply orders	1	2	3	4	5	NA
Overall quality of interaction with client services	1	2	3	4	5	NA

<b>Billing Services</b>						
Professionalism and courtesy	1	2	3	4	5	NA
Ability to resolve issues	1	2	3	4	5	NA
Overall quality of interaction with billing	1	2	3	4	5	NA

<b>Marketing Representative</b>						
Professionalism and courtesy	1	2	3	4	5	NA
Ability to resolve issues	1	2	3	4	5	NA
Overall quality of interaction with marketing representative	1	2	3	4	5	NA

<b>Pathologists</b>						
Clarity and consistency of report content	1	2	3	4	5	NA
Overall quality of interaction with pathologists	1	2	3	4	5	NA

<b>Courier Services (provided by All-Stat Courier)</b>						
Professionalism and courtesy	1	2	3	4	5	NA
Overall quality of interaction with courier	1	2	3	4	5	NA

<b>Overall Impression of services provided</b>	1	2	3	4	5	NA
Comments						

<b>Quality of testing (reliability of test results)</b>	1	2	3	4	5	NA
Comments						

<b>Ability to meet turn-around time expectations</b>	1	2	3	4	5	NA
Comments						

<b>Overall rating compared to other comparable lab(s)</b>	1	2	3	4	5	NA
Comments						

(over)

How often do you consult the following DPMG resources (put check in box)	Never	Seldom (4 times a yr)	Frequently (1 or more times a month)
Client Services Call Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Needle Aspiration Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Website (www.dpmginc.com) for report retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would your practice be interested in receiving a monthly summary of certain detection rates and diagnosis types broken down by percentages? For example, for gastroenterology, DPMG could provide a monthly summary of your adenoma detection rate and a breakdown of the biopsy diagnosis in percentages. This data is often needed for ACO (Accountable Care Organization).

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What do you consider to be the most important service you receive from DPMG?

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Do you currently use DPMG for all of your Pathology and/or Cytology specimens?  Yes  No

What other services or service improvements could DPMG offer to help you?

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Do you have any additional comments about what we can do to help improve your satisfaction with our services?

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**Mark the category that best describes your title:**

Physician  Clinician  Office Manager  Other \_\_\_\_\_

**Type of Practice:**  Family Practice  Dermatologist  OB/GYN  Other \_\_\_\_\_

**Client's Name:** \_\_\_\_\_

**City:** \_\_\_\_\_

*(In order to better meet your needs, please be sure to provide your name so that we may rectify any issues you may have. If you don't feel comfortable providing your name but have comments you would like to share, please contact us so that we can better serve you.)*

***Thank you!***