

Your comments are greatly appreciated!
We hope that you will take this opportunity to tell us what you think because we truly value your opinion. Please write any comments you wish to tell us here:

If you have concerns that you would like to discuss in detail please feel free to call our office manager at 413-0036. If you would like us to contact you regarding this survey, please write in your phone number here:

(_____) - _____

Please place this survey in the box provided next to the check-in counter. Of course, your responses will be kept confidential unless you request otherwise.



*We
need
your
feedback*

Thank you for sharing your thoughts with us. We wish to be held to the highest standards and aim to offer you the best health care possible. Please complete the following questionnaire regarding your experience at Carolina Breast & Oncologic Surgery so that we may continue to improve our services to you.

Carolina Breast & Oncologic Surgery is a member of the Carolina Breast Cancer Center and is fully accredited by the National Accreditation Program for Breast Centers. For more information, please visit www.accreditedbreastcenters.org



NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

Date: _____

Scale (circle one)

Please rate the following:

	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I was able to get an appointment within a reasonable amount of time.	0	1	2	3	4
2. At check-in, I was greeted with courtesy and felt welcome at the practice.	0	1	2	3	4
3. After arriving at Carolina Breast & Oncologic Surgery, the length of time I waited in the main lobby before the nurse called me back was reasonable. If you disagree, how long was your wait? _____	0	1	2	3	4
4. Once in the exam room, the length of time before a provider came in to see me was reasonable. If you disagree, how long was your wait? _____	0	1	2	3	4
5. Upon checkout, I was assisted promptly and courteously. My balance for the day's visit was written on my sheet and I was politely asked for my co-pay/percentage due?	0	1	2	3	4
6. The office was clean, safe and seemed to operate in an organized fashion.	0	1	2	3	4
7. The providers were pleasant, listened carefully to my concerns and answered my questions in easy-to-understand terms.	0	1	2	3	4
8. The providers and staff members treated me as an individual and accorded me respect.	0	1	2	3	4
9. My medical condition was explained to me in terms I could understand.	0	1	2	3	4
10. The physician and staff members respected my time and my privacy.	0	1	2	3	4
11. I understand how financial responsibility for my services will be handled.	0	1	2	3	4
12. I would feel comfortable returning to Carolina Breast & Oncologic Surgery for future services or recommending the practice to my family and/or friends.					
13. The surgery coordinator was helpful and explained my benefits and financial responsibilities.	0	1	2	3	4