

California Cardiovascular and Thoracic Surgeons

168 North Brent Street, Suite 508

Ventura, CA 93003

Telephone (805) 643-2855

Fax (805) 643-3511

Dear Patient,

We appreciate the recent opportunity to participate in your health care. It is our desire and intention to provide you with the best medical care available in a courteous and friendly manner. In order to improve our service to you we kindly ask for your assistance. Your comments will help us in evaluating our practice and to identify ways in which we may increase or better our service for you and others in the future.

- 1 When you telephoned our office, was your call handled promptly and courteously? Yes ___ No ___
- 2 How soon were we able to see you? Same week ___ Next week ___ Two weeks ___ Longer ___
If it was longer than 2 weeks, did we offer to put you on a cancellation list? Yes ___ No ___
- 3 Did you have any problem finding the office? Yes ___ No ___
- 4 Did you have any problem with parking? Yes ___ No ___
- 5 Was your New Patient Information Packet mailed to you ahead of time? Yes ___ No ___
- 6 Did the Medical Assistant call you ahead of time to review your medical history? Yes ___ No ___
- 7 Was the Medical Assistant courteous and professional? Yes ___ No ___
- 8 When you arrived, how long did you have to wait before being called into the examination room?
0-10 minutes ___ 10-20 minutes ___ 20-30 minutes ___
30-45 minutes ___ 45-60 minutes ___ longer ___
- 9 How long did you have to wait in the examination room before the physician saw you?
0-10 minutes ___ 10-20 minutes ___ 20-30 minutes ___
30-45 minutes ___ 45-60 minutes ___ longer ___
- 10 We recently transitioned to Electronic Medical Records (EMR). How did this affect your visit?

Please rate the following services:	<u>Excellent</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Poor</u>
The courtesy extended by staff when you called the office	_____	_____	_____	_____	_____
The courtesy extended by staff when you arrived	_____	_____	_____	_____	_____
The courtesy extended by the medical staff assisting physician	_____	_____	_____	_____	_____
The comfort level of the waiting room	_____	_____	_____	_____	_____
The professional appearance/neatness of staff	_____	_____	_____	_____	_____
The impression of the appearance/cleanliness of our office	_____	_____	_____	_____	_____
The doctor's patience and interest in your problem	_____	_____	_____	_____	_____
The doctor's explanation of your problem and treatment	_____	_____	_____	_____	_____
Our explanation of your charges, payment and Insurance	_____	_____	_____	_____	_____

Comments: _____

If you have any comments or suggestions about your visit, please let us know. Feel welcome to comment on any topic or provide suggestions about our service. If you would prefer to discuss matters personally, please feel free to call me directly. Thank you for your time.

Sincerely,

Shannon Levesque, CMM, CMC
Office Manager
(805) 643-2375