

**PATIENT SATISFACTION SURVEY**

Let us know if we are doing a good job, or if there are areas where we can improve. Please take the time to fill out this survey and return it to us. **Or give to Delivery Technician**

**AAMCARE ELECTROPEDIC**  
**907 North Hollywood Way**  
**Burbank, CA 91505**  
**Ph: (818)845-7488 Fx: (818)332-1158**

Select one answer for each of the following questions.

5 = excellent      4 = good      3 = okay      2=needs improvement      1 = poor

- |   |   |                            |                            |                            |                            |                            |
|---|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 | The equipment/supplies were delivered on time.  | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 2 | The equipment was clean when delivered.   | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 3 | The equipment was delivered in good working order.  | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 4 | The instructions were sufficient for safe use of the equipment.                             | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 5 | Payment and financial responsibility for the equipment/services were explained to me.       | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 6 | The supplier's warranty, repair and return policies for the equipment were explained to me. | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 7 | The services I received were to my satisfaction.  | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

Please send additional information on ADJUSTABLE BEDS    HOSPITAL BEDS    LIFT-CHAIRS    WHEELCHAIRS  
PORCH LIFTS    SCOOTERS    STAIR LIFTS    VEHICLE LIFTS    MATTRESSES    PATIENT LIFTS

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE/EMAIL: \_\_\_\_\_

**If you ever need service we are always only a phone call away (800) 727-1954**

**EQUIPMENT WARRANTY INFORMATION FORM:** *Every product sold or rented by our company carries a 1-year manufacturer's warranty. AAMCARE ELECTROPEDIC will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. AAMCARE ELECTROPEDIC will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available. I have been instructed and understand the warranty coverage on the product I have received.*

**PROTOCOL FOR RESOLVING COMPLAINTS FROM MEDICARE BENEFICIARIES**

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the Medicare Beneficiaries Complaint Log, and completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company.

The patient will be informed of this complaint resolution protocol at the time of set-up of service.

**Should you wish, you may discuss your complaint with Aamcare, 818-845-7488 and our accrediting company, Joint Commission 800-994-6610.**