

# Cooper OMS Patient Service Questionnaire

Our goal is complete patient satisfaction. Please tell us about your experience with us. You do not need to include your name. We value your feedback and your patronage!

Your age: \_\_\_\_\_ Your sex: \_\_\_male \_\_\_female

*Please circle the number that best describes your reaction to each statement below. Skip any that do not apply.*

	<b>Strongly Disagree</b>				<b>Strongly Agree</b>
<b>When calling Cooper OMS:</b>					
My calls are answered in 3 rings or less.	1	2	3	4	5
The receptionist uses a pleasant voice tone.	1	2	3	4	5
I am not left on hold more than 30 seconds.	1	2	3	4	5
I get an appointment in a reasonable period of time if I have an urgent medical care need.	1	2	3	4	5
I get an appointment in a reasonable period of time for non-urgent care.	1	2	3	4	5
My questions are answered accurately.	1	2	3	4	5
<b>When coming in for my appointment:</b>					
The receptionist smiles and offers a pleasant greeting.	1	2	3	4	5
I do not wait in the reception area more than 15 minutes past my scheduled appointment time.	1	2	3	4	5
If I will be delayed, the receptionist lets me know.	1	2	3	4	5
The waiting room is clean.	1	2	3	4	5
I do not wait more than 10 minutes in the examination room.	1	2	3	4	5
My needs are handled in a confidential manner.	1	2	3	4	5
The nursing staff is pleasant and helpful.	1	2	3	4	5
<b>My procedure:</b>					
I am satisfied with the procedure performed.	1	2	3	4	5
My physician spent enough time with me.	1	2	3	4	5
My questions were thoroughly answered.	1	2	3	4	5
I was given helpful information about post-procedure actions I should take at home.	1	2	3	4	5
I was treated with respect by my physician.	1	2	3	4	5

**Strongly  
Disagree**

**Strongly  
Agree**

**Patient Accounts Management:**

Accounts management staff are pleasant and helpful.	1	2	3	4	5
My billing questions are fully answered.	1	2	3	4	5
I am satisfied with insurance processing.	1	2	3	4	5
The bills I receive are easy to understand.	1	2	3	4	5

**Other:**

If I have future needs I will call Cooper OMS.	1	2	3	4	5
I will recommend Cooper OMS to others.	1	2	3	4	5

**What I like best about Cooper OMS:**

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**What I would change:**

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**Other Comments or Suggestions:**

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**Optional:**

Your Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Would you like a call to further discuss your comments? \_\_\_ Yes \_\_\_ No

Please mail this completed form to Cooper OMS, 207 23rd Avenue North, Nashville, TN 37203

Thank you for your time!