



## EMPLOYER SATISFACTION SURVEY

At ExpressMED/BOAC, we recognize that you **choose** to use our services and we are extremely grateful. In an effort to serve you better and to meet your needs more effectively, we ask for your candid feedback. This information is shared with our management team on a regular basis, with discussion focused on both our strengths and weaknesses. Your feedback is critical to our success.

We hope that you will take a minute or two to complete the survey below by circling the number that best demonstrates your rating of our staff and services. **(5 = Excellent, 1 = Poor):**

<i>Speed and ease in scheduling appointments</i>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<i>Staff is professional, courteous, and able to assist with questions/concerns</i>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<i>Documentation provided timely and complete</i>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<i>Overall experience working with our clinic</i>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<i>Likelihood of recommending our clinic</i>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

*Is there a staff member you would like to acknowledge and why?*

---

---

*Additional Comments?*

---

---

---

*Employer/Payer Name:* \_\_\_\_\_

*Name of person completing survey:* \_\_\_\_\_

*Date of survey:* \_\_\_\_\_

Would you be open to having a management representative from our clinic contact you for further comment/information if needed?

Thank you for taking time to offer your feedback, and for entrusting us with your employees' medical care!