

PATIENT SATISFACTION QUESTIONNAIRE

Dear Patient,

Bergen Urological Associates want to provide you and your family with the highest quality health care possible. To help us evaluate our effectiveness, we would like your honest opinions of our practice. Your answers and suggestions on the following questionnaire will help us continue to improve the health care that we provide to you. Please take a few minutes to complete this form and give us this important feedback. We appreciate your confidence and trust in our staff and physicians here at Bergen Urological Associates, and we look forward to caring for and providing a quality service to you and your family.

Thank you kindly for helping us to serve you better.

- Which Urologist at Bergen Urological did you see?
- When you telephoned our office to schedule an appointment, were you treated courteously by our staff and were we able to answer your questions satisfactorily?

If not, please explain:

- Do you feel that we accommodated your appoint request in a reasonable amount of time?

If not, please explain and inform us how long you were required to wait?:

- Was our staff friendly and courteous to you upon your arrival at the office?

If not, please explain:

- Did you see your Urologist at the scheduled appointment time?

If not, how long was the delay?

Were you given a satisfactory explanation for the delay?

• When you were taken back to the examination room by the medical assistant, was she/he courteous and friendly?

If not, please explain:

• Upon check out, were you treated courteously by our staff?

If not, please explain:

• Were you satisfied with the quality of the medical treatment you received from your Urologist?

If not, please explain:

• Do you feel your Urologist spent sufficient time to properly evaluate and diagnose your problem?

If not, please explain:

• Do you feel that your Urologist listened to you and/or your family member carefully about your concerns and questions?

If not, please explain:

• Do you feel the Doctor had a clear understanding of your problem or condition?

If not, please explain:

• Do you feel your Urologist treated you and/or your family member with courtesy and respect?

If not, please explain:

• Did your Urologist explain what tests were being done and why?

If not, please explain:

• Do you feel your Urologist helped you and/or your family member with your problem?

If not, please explain:

• Overall, how satisfied do you feel about your visit with your Urologist?

If not satisfied, please explain:

• Were your financial arrangements and insurance coverage discussed to your satisfaction?

If not, please explain:

• Were you treated with courtesy and respect by all the staff members that you encountered at Bergen Urological Associates?

If not, please explain:

- Do you feel the examination rooms were neat and clean?

If not, please explain:

- Was the office easily accessible and patient- friendly for you and/or your family?

If not, please explain:

- Would you recommend your family and/or friends to us for treatment?

If not, please explain:

- What changes can we make that will improve the patient experience?

Additional comments and/or suggestions:

If you should have any concerns that you would like to discuss further, please feel free to contact our Office Manager, Diane Kintgen at (201) 342-6600, extension 21 or via Email at: BUApatientservices@gmail.com