



PEDIATRIC &
ADOLESCENT
ASSOCIATES, P.S.C.

Dear Patient:

Would you take a few minutes of your time to help us? Our goal is to provide comfort, convenience, and satisfaction as well as the very best medical care to all our patients and families. Your comments will help us continue to improve our services. Please return your completed survey as quickly as possible. Thank you for your input.

Please circle the responses that best indicate your opinion about the services you received.

PATIENT SATISFACTION SURVEY

BEFORE YOUR OFFICE VISIT:	Good	Fair	Poor	N/A
<i>How would you rate the:</i>				
1. Ease of getting through to the doctor's office by phone.	3	2	1	0
2. Courtesy of staff taking your call.	3	2	1	0
3. Availability of desired appointment.	3	2	1	0
4. Convenience of office hours.	3	2	1	0
5. Adequacy and ease of parking.	3	2	1	0
6. Convenience of office to your home or work.	3	2	1	0
AT THE TIME OF YOUR VISIT:	Good	Fair	Poor	N/A
<i>How would you rate the:</i>				
1. Courtesy of the office receptionist.	3	2	1	0
2. Registration process.	3	2	1	0
3. Waiting time to see the doctor.	3	2	1	0
4. Overall quality of care received.	3	2	1	0
5. Ease of getting lab test or x-rays done.	3	2	1	0
6. Instructions regarding medications and follow-up care.	3	2	1	0
7. Ease of arranging follow-up visits.	3	2	1	0
AFTER YOUR VISIT:	Good	Fair	Poor	N/A
<i>How would you rate the:</i>				
1. Promptness of returned phone calls from nursing staff.	3	2	1	0
2. Promptness of obtaining test results.	3	2	1	0
3. Handling of your phone call by our after hours service.	3	2	1	0
4. Care and professionalism shown by our staff and physicians.	3	2	1	0
5. Assistance with referrals to other physician offices.	3	2	1	0
6. Assistance with billing or insurance questions.	3	2	1	0
7. Overall rating of your visit.	3	2	1	0
8. Overall rating of this office.	3	2	1	0

*****PLEASE TURN OVER AND COMPLETE BACK PAGE*****



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GENERAL INFORMATION

1. Why did you choose this practice? *(Check all that apply)*
 Another doctor recommended Friend/relative recommended Insurance
 Reputation for quality care Location of office Yellow Pages
 Other _____

2. What was the primary insurance coverage for the service received? *(Check one)*
 Aetna Anthem/Blue Cross Bluegrass Family Health CHA
 Commercial Insurance Humana United Healthcare Private Pay
 Other _____

3. Would you recommend our office to a family member or friend?
 YES NO If No, why not? _____

4. Have you ever visited our website at www.paalex.com? If so, did you find it helpful?

What aspects of our practice do you like best? _____

How could we improve our services? _____

Thank you for your time.