

**Watauga Orthopaedics DME Satisfaction Survey**

Date \_\_\_\_\_

Site    Johnson City                      Kingsport                      Greeneville

Brace Fit by: \_\_\_\_\_

Watauga Orthopaedics serviced you with a brace, splint, or other durable medical equipment ordered by your physician. Please take a few moments to comment so that we may evaluate our level of service. Please remember this has only to pertain to receiving the brace, splint, or other DME.

Did the Watauga employee that fit your brace introduce themselves by name?

\_\_\_\_\_Yes      \_\_\_\_\_No

Did the Watauga employee that fit your brace ask you to read and sign the Patient Agreement Form?

\_\_\_\_\_Yes      \_\_\_\_\_No

Did you receive a copy of the Patient Agreement Form?

\_\_\_\_\_Yes      \_\_\_\_\_No

Was it explained to you that an abbreviated version of Medicare Standards, Return Policy, and Complaint Information were located on the back of your copy of the Patient Agreement Form?

\_\_\_\_\_Yes      \_\_\_\_\_No

Were you informed that Watauga Orthopaedics will bill your insurance on your behalf and that insurance typically do not cover 100% on most items at the time of service?

\_\_\_\_\_Yes      \_\_\_\_\_No

Did our employee explain how to use and care for the product(s) that you received?

\_\_\_\_\_Yes      \_\_\_\_\_No

Did our employee treat you with courtesy and respect?

\_\_\_\_\_Yes      \_\_\_\_\_No

Please add any additional comments to help us service you or other patients better in the future:

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Again, thank you for taking the time to complete this survey so that we may evaluate our level of service to you.