

# InHealth Technologies a division of Helix Medical LLC

## CLIENT/PATIENT SATISFACTION SURVEY

Client/patient Name (Optional): \_\_\_\_\_

City, State: \_\_\_\_\_ Date: \_\_\_\_\_

It is our desire to provide you with the best quality home care services available. In order to help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and note the response that most closely matches your experience.

<b>REGARDING InHealth Technologies a division of Helix Medical LLC</b>	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied
Services/Equipment were provided in a timely manner				
My home care needs were met through the services/equipment provided				
The staff discussed my rights and responsibilities and financial obligations				
The staff informed me how to contact the office during business hours				
I would utilize/recommend InHealth Technologies a division of Helix Medical LLC to my friends or family				
<b>REGARDING THE STAFF OF InHealth Technologies a division of Helix Medical LLC</b>				
	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied
The representatives were courteous and professional				
Shipping and handling rates offered by representatives were adequate				
Return policy and directions for return were explained thoroughly				
Products were delivered clean and in good working order				

**Comments:**

Please return the survey to InHealth Technologies a division of Helix Medical LLC in the envelope provided.

Thank you for choosing InHealth Technologies a division of Helix Medical LLC.