

CLIENT SATISFACTION SURVEY

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.

Client Name *(optional)*: _____

City, State: _____ Date: _____

REGARDING InHealth Technologies:	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	N/A
Was your call answered in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does our product line meet the needs of your patient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the customer service representative knowledgeable and professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you were placed on hold, did the customer service representative get back to you in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how satisfied are you with the service you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share a few things we can do better:

Please return the survey to InHealth Technologies via mail, email or fax. Thank you for choosing InHealth Technologies.

Mail

 InHealth Technologies
 1110 Mark Ave.
 Carpinteria, CA 93013
 Attn: Prames/Medicare Dept.

Email

 medicare@inhealth.com

Fax

 888-371-1530