Our Medical Providers and Staff are honored to be part of your patient’s healthcare team. It is our mission to provide excellent customer service in addition to the most comprehensive healthcare using investigative gastroenterology techniques. We also want to make sure you, as the referring provider, are satisfied with our services. Your valuable input will help us fine-tune and keep our machine well-oiled. Our goal is to not only meet, but exceed your expectations! Please take a moment to complete this survey and fax it to our Office Administrator at 706-548-4801 or mail it to AGC Manager, 21 Jefferson Place Athens, GA 30601.

Your name (optional): ___________________________  Title: _____________  Today’s Date: _________________

Your Practice Name: ___________________________________________________

Your email (optional): ___________________________________________________

Phone: ______________________

1. What is your practice specialty? (mark all that apply)
   - Cardiology
   - Emergency Medicine
   - Endocrinology
   - Family Practice or Internal Medicine
   - Gastroenterology
   - GYN/ OB-GYN
   - General Surgeon
   - Nephrology
   - Neurology
   - Orthopedics
   - Rheumatology
   - Urology
   - Other: __________________________

2. What method(s) do you use to refer your patients to our GI practice? (mark all that apply)
   - By phone
   - By faxing our own referral form
   - By faxing AGC referral form
   - By AGC website
   - Have the patient call AGC
   - By mail
   - N/A

3. When was the last telephone call to our office?
   - Within this month
   - Within the last 3 months
   - Within the last 6 months
   - Within a year
   - More than a year ago
   - Uncertain

4. Reason for contacting Athens Gastro Center?
   - Patient Referral
   - Request Records
   - Request General Office Info (fax #, etc.)
   - Provider to Provider Consult
   - Other: __________________________

5. When you contacted our office how long were you on hold?
   - Less than 2 minutes
   - Between 3- 5 minutes
   - Between 6- 10 minutes
   - Over 10 minutes
   - Comments: ________________________

6. Who did you speak with?
   - Front Office
   - Clinical Staff
   - Medical Provider
   - Administration or Assistant
   - RN
   - Never reached a person or voicemail
   - Left Voicemail
   - Provide name if you recall: __________________________
   - Comments: __________________________

7. If you spoke to a person, what was your impression of their temperament & speech?
   - Pleasant and courteous
   - Monotone or dull
   - Nervous or lack of confidence
   - Too casual or unprofessional
   - Rude or short
   - N/A

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8. If you spoke to a person, what was your impression of their customer service skills?  □ N/A
   □ Helpful/ went the extra mile    □ Did the bare minimal    □ Didn’t seem to know what they were doing
   □ Did not try to help
   □ Comments: ____________________________________________________________

9. If you left a voicemail, how long did it take to return your call?
   □ 1 business day    □ 2 business days    □ 3 business days or more    □ N/A
   □ Never received a call back
   □ Comments: ____________________________________________________________

10. Was your concern or request resolved in a timely manner?
    □ Resolved immediately    □ Resolved, but somewhat slow    □ Resolved, but took way too long
    □ Never resolved
    □ Comments: ____________________________________________________________

11. Are you satisfied with the ease of ability to reach the AGC office?
    □ Yes    □ Somewhat    □ Neutral    □ No

12. Are you satisfied with the turn-around-time to resolve your request/concern?
    □ Yes    □ Somewhat    □ Neutral    □ No

13. Are you satisfied with your practice’s overall professional & patient relationship with AGC?
    □ Yes    □ Somewhat    □ Neutral    □ No

14. How does this experience affect your office’s desire to continue referring patients to our Athens Gastro Center?
    □ We would like to continue to refer patients to your GI practice.
    □ We are considering referring patients to another GI practice.
    □ We have already started referring patients to another GI practice.
    □ This does not affect our referrals either way.
    □ Comments: ____________________________________________________________

15. If you are no longer referring patients to Athens Gastro Center, please specify the reason: (mark all that apply)
    □ It took too long to get our request/concern resolved or our request/concern resolved was never resolved.
      □ Patients were being scheduled too far out:
        □ about 1 month out    □ about 2 months out    □ 3 months out or more
        □ It took too long to get progress notes/ procedure reports on our patient from your office.
          □ about 1 month post consult    □ about 2 months post consult    □ 3 months post consult or more
        □ The hold times were too long.
        □ Patients were giving us negative feedback in regards to your office/care.
        □ Our staff was giving us negative feedback in regards to your office.
           □ Comments: ____________________________________________________________
        □ No specific reason; we just decided to start referring to another GI practice.
        □ Other: ____________________________________________________________

16. Additional Comments:
    ____________________________________________________________
    ____________________________________________________________

*** Thank you for your valuable feedback! ***

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