



## 2024 Client Satisfaction Survey

### Instructions

We value our relationship with you and we are very interested in your opinion. Please help us improve our services by answering the questions below.

Using the scale below, please rate the following services (Please circle)

1 = Poor      2 = Average      3 = Good      4 = Very Good      5 = Exceptional      NA = Not Applicable

<b>Customer Service</b>	Poor	Avg.	Good	Very good	Except.	
Call answering time	1	2	3	4	5	NA
Notification of problems (clarifying patient demographics, processing delays, etc.)	1	2	3	4	5	NA
Professionalism and courtesy	1	2	3	4	5	NA
Ability to resolve issues	1	2	3	4	5	NA
Accuracy and promptness of supply orders	1	2	3	4	5	NA
Overall quality of interaction with client services	1	2	3	4	5	NA

<b>Billing Services</b>						
Professionalism and courtesy	1	2	3	4	5	NA
Ability to resolve issues	1	2	3	4	5	NA
Overall quality of interaction with billing	1	2	3	4	5	NA

<b>Marketing Representative</b>						
Professionalism and courtesy	1	2	3	4	5	NA
Ability to resolve issues	1	2	3	4	5	NA
Overall quality of interaction with marketing representative	1	2	3	4	5	NA

<b>Pathologists</b>						
Clarity and consistency of report content	1	2	3	4	5	NA
Overall quality of interaction with pathologists	1	2	3	4	5	NA

<b>Courier Services (provided by ACS Courier)</b>						
Professionalism and courtesy	1	2	3	4	5	NA
Accuracy and Timeliness	1	2	3	4	5	NA

<b>Overall Impression of services provided</b>	1	2	3	4	5	NA
Comments						

<b>Quality of testing (reliability of test results)</b>	1	2	3	4	5	NA
Comments						

<b>Ability to meet turn-around time expectations</b>	1	2	3	4	5	NA
Comments						

<b>Overall rating compared to other comparable lab(s)</b>	1	2	3	4	5	NA
Comments						

(over)

What do you consider to be the most important service you receive from DPMG?

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Do you currently use DPMG for all of your Pathology and/or Cytology specimens?  Yes  No

What other services or service improvements could DPMG offer to help you?

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Do you have any additional comments about what we can do to help improve your satisfaction with our services?

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**Mark the category that best describes your title:**

Physician  Clinician  Medical Asst.  Office Manager  Other \_\_\_\_\_

**Type of Practice:**  Family Medicine  Dermatology  OB/GYN  GI  GU

Other \_\_\_\_\_

**Client's Name:**

**City:**

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*(In order to better meet your needs, please be sure to provide your name so that we may rectify any issues you may have. If you don't feel comfortable providing your name but have comments you would like to share, please contact us so that we can better serve you.)*

***Thank you!***