



Athens Gastroenterology Center & Athens Endoscopy, LLC

Referring Provider Satisfaction Survey

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)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> GYN/ OB-GYN | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> General Surgeon | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Family Practice or Internal Medicine | <input type="checkbox"/> Neurology | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Oncology | |

2. What method(s) do you use to refer your patients to our GI practice? (mark all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> By phone | <input type="checkbox"/> By AGC website | <input type="checkbox"/> Have the patient call AGC |
| <input type="checkbox"/> By faxing our own referral form | <input type="checkbox"/> By faxing AGC referral form | <input type="checkbox"/> By mail <input type="checkbox"/> N/A |

3. When was the last telephone call to our office?

- | | | |
|--|---|---|
| <input type="checkbox"/> Within this month | <input type="checkbox"/> Within the last 3 months | <input type="checkbox"/> Within the last 6 months |
| <input type="checkbox"/> Within a year | <input type="checkbox"/> More than a year ago | <input type="checkbox"/> Uncertain |

4. Reason for contacting Athens Gastro Center?

- | | | |
|---|--|--|
| <input type="checkbox"/> Patient Referral | <input type="checkbox"/> Request Records | <input type="checkbox"/> Request General Office Info (fax #, etc.) |
| <input type="checkbox"/> Provider to Provider Consult | <input type="checkbox"/> Other: _____ | |

5. When you contacted our office how long were you on hold?

- | | | |
|--|---|--|
| <input type="checkbox"/> Less than 2 minutes | <input type="checkbox"/> Between 3- 5 minutes | <input type="checkbox"/> Between 6- 10 minutes |
| <input type="checkbox"/> Over 10 minutes | <input type="checkbox"/> Comments: _____ | |

6. Who did you speak with?

- | | | |
|--|--|--|
| <input type="checkbox"/> Front Office | <input type="checkbox"/> Clinical Staff | <input type="checkbox"/> Medical Provider |
| <input type="checkbox"/> Administration or Assistant | <input type="checkbox"/> RN | <input type="checkbox"/> Never reached a person or voicemail |
| <input type="checkbox"/> Left Voicemail | <input type="checkbox"/> Provide name if you recall: _____ | |
| <input type="checkbox"/> Comments: _____ | | |

7. If you spoke to a person, what was your impression of their temperament & speech?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Pleasant and courteous | <input type="checkbox"/> Monotone or dull | <input type="checkbox"/> Nervous or lack of confidence | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Too casual or unprofessional | <input type="checkbox"/> Comments: _____ | | <input type="checkbox"/> Rude or short |

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?** N/A
 1 business day 2 business days 3 business days or more
 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! *****