



REPORT CARD

At Binson's Home Health Care Centers, 100% customer satisfaction is our goal. We appreciate customer feedback in order to determine if we are achieving our goal and to identify areas requiring improvement. Please take a moment to complete the following survey to assist us in evaluating our Quality System. You may submit this form completely anonymously, however, we hope that you will include your name and address/or phone number so we can contact you, if necessary.

What products and services did you receive? (Check all that apply)

- General Medical Supplies
- Respiratory Services
- Wheelchairs, Scooters, etc.
- Rehab/Mobility - Repairs
- Diabetic Supplies
- Nutritional Services
- Medical Equipment
- Medications
- Orthotics/Prosthetics
- Boutique/Mastectomy

Which of our locations services you?

- Center Line
- Eastpointe
- Livonia
- Royal Oak
- Southgate
- Sterling Heights
- Troy
- Winter Park, FL
- Altamonte Springs, FL

Please rate the following statements below by checking the appropriate box:

	SUPERIOR	GOOD	AVERAGE	POOR	N/A
CONDITION – EQUIPMENT/SUPPLIES: Condition of the equipment and/or supplies you received (consider cleanliness, working order, packaging, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIMELINESS: Order was received by you at the expected time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE: Staff were courteous, knowledgeable and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUCTIONS: Instructions on the use and care of equipment/supplies were clear, complete, and questions were answered to your satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL RESPONSIBILITIES: You received a clear explanation of your financial responsibility for services rendered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARE AND CONCERN: Service staff demonstrated a caring attitude and were sensitive to your needs and/or situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RATING: Rate your overall experience with Binson's.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: What can Binson's do to improve their service? _____

Customer Name / Address / Phone (OPTIONAL) _____

Date _____