

COMPETITIVE BIDDING PROGRAM BENEFICIARY SURVEY

FORM D

Name of Contract Supplier — Provided by the CBIC

Type of DME to be Provided by the CBIC

INSTRUCTIONS: Please rate the services you received from this contract supplier. Check the box that best describes your experience. If a question does not apply to you, please check N/A.

1. ARRANGING FOR EQUIPMENT

How would you rate your initial interaction with the contract supplier from whom you recently purchased your DME?

N/A VERY POOR POOR FAIR GOOD VERY GOOD

2. TRAINING

How would you rate the training you, or the person who takes care of you, received from the contract supplier regarding the DME you recently purchased?

N/A VERY POOR POOR FAIR GOOD VERY GOOD

3. DELIVERY OF EQUIPMENT

How would you rate your experience with the contract supplier concerning delivery of the DME?

N/A VERY POOR POOR FAIR GOOD VERY GOOD

4. EQUIPMENT QUALITY

How would you rate the appropriateness and quality of the DME provided by the contract supplier?

N/A VERY POOR POOR FAIR GOOD VERY GOOD

5. CUSTOMER SERVICE

How would you rate the customer service provided by the contract supplier?

N/A VERY POOR POOR FAIR GOOD VERY GOOD

6. OVERALL COMPLAINT HANDLING

How would you rate the contract supplier's overall complaint handling?

N/A VERY POOR POOR FAIR GOOD VERY GOOD

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-xxxx. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Blvd. Baltimore, Maryland 21244.