## COMPETITIVE BIDDING PROGRAM BENEFICIARY SURVEY

## FORM D Name of DME Contract Supplier — Provided by the CBIC Type of DME — to be Provided by the CBIC **INSTRUCTIONS:** Please rate the services you received from this durable medical equipment (DME) contract supplier. Check the box that best describes your experience. If a question does not apply to you, please check N/A. N/A POOR FAIR GOOD VERY 1. ARRANGING FOR EQUIPMENT GOOD How would you rate your initial interaction with the DME contract supplier from whom you recently purchased your DME? N/A VERY POOR FAIR GOOD VERY 2. TRAINING **POOR** GOOD How would you rate the training you, or the person who takes care of you, received from the DME contract supplier regarding the DME you recently purchased? N/A VERY POOR FAIR GOOD VERY 3. DELIVERY OF EQUIPMENT GOOD POOR How would you rate your experience with the DME contract supplier concerning delivery of the DME? GOOD N/A VFRY POOR FAIR VFRY 4. EQUIPMENT QUALITY **POOR** GOOD How would you rate the appropriateness and quality of the DME provided by the DME contract supplier. N/A VFRY POOR FAIR GOOD VFRY 5. CUSTOMER SERVICE POOR GOOD How would you rate the customer service provided by the DME contract supplier? VFRV POOR FAIR GOOD N/A VFRV GOOD 6. OVERALL COMPLAINT HANDLING POOR How would you rate the DME contract supplier's overall

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complaint handling?