

COMPETITIVE BIDDING PROGRAM

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 contract suppliers. Check the box that best describes your experience. If a question does not apply to you, please skip to the next question.

1. ARRANGING FOR EQUIPMENT

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

N/A	VERY POOR	POOR	FAIR	GOOD	VERY GOOD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. TRAINING

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	POOR	FAIR	GOOD	VERY GOOD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. DELIVERY OF EQUIPMENT

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

N/A	VERY POOR	POOR	FAIR	GOOD	VERY GOOD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. EQUIPMENT QUALITY

How would you rate the use of the DME provided by the DME contract supplier.

N/A	VERY POOR	POOR	FAIR	GOOD	VERY GOOD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. CUSTOMER SERVICE

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

N/A	VERY POOR	POOR	FAIR	GOOD	VERY GOOD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. OVERALL COMPLAINT HANDLING

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

N/A	VERY POOR	POOR	FAIR	GOOD	VERY GOOD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>