

MEDICARE DMEPOS COMPETITIVE BIDDING PROGRAM

Name of DME Supplier – Provided by the CBIC

Type of DME – to be Provided by the CBIC

INSTRUCTIONS: Please rate the services you received from your DME supplier. Check the box that best describes your experience. If a question does not apply to you, please skip to the next question.

- | | N/A | VERY
POOR | POOR | FAIR | GOOD | VERY
GOOD |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>1. ARRANGING FOR EQUIPMENT
How would you rate your initial interaction with the DME supplier from which you recently received your DME?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>2. TRAINING
How would you rate the training you, or the person who takes care of you, received from the DME supplier regarding the DME you recently received?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3. DELIVERY OF EQUIPMENT
How would you rate your experience with the DME supplier concerning delivery of the DME?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>4. EQUIPMENT QUALITY
How would you rate the quality of the DME provided by the DME supplier?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>5. CUSTOMER SERVICE
How would you rate the customer service provided by the DME supplier?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>6. OVERALL COMPLAINT HANDLING
How would you rate the DME supplier's overall complaint handling?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |