

## 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<br>POOR             | POOR                     | FAIR                     | GOOD                     | VERY<br>GOOD             |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <p><b>1. ARRANGING FOR EQUIPMENT</b><br/>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><b>2. TRAINING</b><br/>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><b>3. DELIVERY OF EQUIPMENT</b><br/>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><b>4. EQUIPMENT QUALITY</b><br/>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><b>5. CUSTOMER SERVICE</b><br/>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><b>6. OVERALL COMPLAINT HANDLING</b><br/>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"/> |