

## 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
<b>1. ARRANGING FOR EQUIPMENT</b> How would you rate your initial interaction with the DME supplier from which you recently received your DME?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. TRAINING</b> 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. DELIVERY OF EQUIPMENT</b> How would you rate your experience with the DME supplier concerning delivery of the DME?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. EQUIPMENT QUALITY</b> How would you rate the quality of the DME provided by the DME supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. CUSTOMER SERVICE</b> How would you rate the customer service provided by the DME supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. OVERALL COMPLAINT HANDLING</b> How would you rate the DME supplier's overall complaint handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>