

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 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. ARRANGING FOR EQUIPMENT 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"/> |
| 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? | <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 supplier concerning delivery of the DME? | <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 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"/> |
| 5. CUSTOMER SERVICE 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"/> |
| 6. OVERALL COMPLAINT HANDLING 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"/> |