

[Company Name]

How Are We Doing?

We are committed to providing you with the best experience possible, so we welcome your feedback. Please fill out this questionnaire. Thank you.

Please select your role (please check all that apply).

- Submitter
 Certifier

GADCS login is straightforward.

..
Strongly Agree	Agree	Do Not Agree	N/A – Service Not Being Used

The system is simple and easy to use.

..
Strongly Agree	Agree	Do Not Agree	N/A – Service Not Being Used

The GADCS Help Desk responds timely and resolves our issues.

..
Strongly Agree	Agree	Do Not Agree	N/A – Service Not Being Used

The system works as expected.

..	..
Strongly Agree	Agree

Do you have any concerns using the system?

- Yes
 No

If Yes, please explain.

Click or tap here to enter text.

Please share any other comments or suggestions for the system.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 0938-1185. The expiration date is (XX/XX/XXXX). The purpose of this voluntary information collection request is to collect feedback about immediate technical issues users may experience on accessing and using the Medicare Ground Ambulance Data Collection System (GADCS). The end goal of this effort is to test the data collection system and provide feedback on usability, technical issues, and other aspects of the system. The time required to complete this voluntary information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions about the survey please contact [Steve Chu, 410-786-1489, steve.chu@cms.hhs.gov].

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