

R&M Reyes Enterprise, LLC
PATIENT SATISFACTION SURVEY

Date: _____

Dear Patient,

It is our desire to provide you with the best quality services available. In order to help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and mail it back to us. Thank you.

The equipment (and supplies if applicable) were delivered on time	<input type="checkbox"/> YES	<input type="checkbox"/> No
The equipment (and supplies if applicable) were delivered / dispensed accurately	<input type="checkbox"/> YES	<input type="checkbox"/> No
Training and consultations were effective in educating me or my caregiver on my service / care and / or therapy	<input type="checkbox"/> YES	<input type="checkbox"/> No
Educational materials and instructions were adequate to educate me or my caregiver on the product(s).	<input type="checkbox"/> YES	<input type="checkbox"/> No
The staff was courteous and helpful	<input type="checkbox"/> YES	<input type="checkbox"/> No
My financial responsibilities were explained to me	<input type="checkbox"/> YES	<input type="checkbox"/> No
I receive advice or help when needed	<input type="checkbox"/> YES	<input type="checkbox"/> No
The services provided made a positive impact on the outcome of my care and/or therapy	<input type="checkbox"/> YES	<input type="checkbox"/> No
I would recommend your service to my friends and family	<input type="checkbox"/> YES	<input type="checkbox"/> No
The services provided met my needs and expectations	<input type="checkbox"/> YES	<input type="checkbox"/> No

Comments (Optional):

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EQUIPMENT WARRANTY INFORMATION FORM

Every product sold or rented by our company carries a 1-year manufacturer's warranty. R&M Reyes Enterprise, LLC will notify all Medicare beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. R&M Reyes Enterprise, LLC will repair or replace, free of charge, Medicare-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

I have been instructed and understand the warranty coverage on the product I have received.

Beneficiary's Signature: _____

Date:_____

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