

ASSIST HOME CARE, INC.

CUSTOMER SATISFACTION/CHECK LIST FORM

27 W. INDEPENENCE ST., SHAMOKIN, PA 17872
 PHONE: 570-644-9840
 FAX: 570-644-9841

PLEASE ANSWER QUESTIONS BY CHECKING THE APPROPRIATE BOX

	EXCELLENT	GOOD	POOR	BAD
Friendly and satisfying service on the phone				
Was delivery time prompt				
Was the setup of the equipment to your satisfaction				

	YES	NO
Was the equipment setup correctly		
Was the information to operate the equipment explained to your understanding		
Were you shown how to operate the equipment		
Were you instructed on the use of the equipment to your satisfaction		
Is the equipment in good condition		
Was the technician knowledgeable about the equipment		
Was anything damaged during the delivery		
Were all rights from HIPPA and Medicare explained		
Did you receive copies all Warranties, HIPPA, Medicare & Your Rights documentation		
Were you told you have the right to choose either to rent or purchase Medicare covered products		
At the completion of the service call, did you feel safe and confident you could use the equipment		
Was your experience with Assist Home Care, Inc. a good one		
Would you order products with us again if needed		
Was all oxygen equipment setup away from flammable items (if any delivered)		

At Assist Home Care, Inc. your happiness and well-being is our top priority. If for any reason you are not happy with any of our services, equipment, or employees please fill out this form so we may keep this for our and Medicare's records. You may also call us at 570-644-9840 to file a complaint and a manager will give your complain immediate attention. For a complaint to be filed, this form must be filled out in detail and signed by the complainant in a timely fashion. Be assured that Assist Home Care, Inc. will address your concerns and complaints in a serious and professional manner. We are always there to assist you with all of your medical and equipment supply needs. We value your patronage and your well-being is our main concern.

Customer Signature: _____ Date: _____

Technician Signature: _____ Date: _____

NOTICE: CUSTOMER MUST RECEIVE A SIGNED COPY AS WELL AS TECHNICIAN