



Community Health Alliance
3355 Douglas Road, Suite 300
South Bend, IN 46635

CHA Member Survey for Provider Offices

CHA is proud to offer you a network of carefully selected physicians, hospitals and other healthcare providers. Your input provides feedback and measurements of satisfaction so that we can better serve you. Please take a few moments to answer the following questions about your provider office visit. Your comments are appreciated and valuable to us in helping to meet the needs of all our members.

Table with 5 columns: 1 = 0%, 2 = 25%, 3 = 50%, 4 = 75%, 5 = 100%

1. Physical Accessibility:

Very Poor - 1 Poor -2 Fair - 3 Good - 4 Very Good - 5

2. General Appearance of the waiting and exam room:

Very Poor - 1 Poor -2 Fair - 3 Good - 4 Very Good - 5

3. Exam room space:

Very Poor - 1 Poor -2 Fair - 3 Good - 4 Very Good - 5

4. Adequacy of waiting time to see provider:

Very Poor - 1 Poor -2 Fair - 3 Good - 4 Very Good - 5

5. Availability of scheduling an appointment with your provider:

Very Poor - 1 Poor -2 Fair - 3 Good - 4 Very Good - 5

If scored below 75%, was issue resolved at the time of your appointment? Yes No

Comments

(Please Print or type)

Provider Office Name:

Provider's Name:

Your Name: Employer Name:

Date of Office Visit:

Thank you for your participation in this survey. Please fax to CHA at 574-647-1825 or mail to address above, attention Provider Relations Department.