



# Referring Provider Satisfaction Survey

Date: \_\_\_\_\_

To: Gastroenterology Associates of the Piedmont

Attention: Clerical Operations Manager

Fax: (336) 765-2869 or Email: Outreach@gaggi.com

Does your office use Epic software?

- Yes
- No

What percentage of your applicable patients would you estimate that you have referred to GAP for screening or diagnostic services?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

Using the scale below, please rate your experience with GAP in the following areas:

	Very Dissatisfied	Dissatisfied	Neutral/ Don't know	Satisfied	Very Satisfied
Appointment availability	1	2	3	4	5
Ease of scheduling by your office	1	2	3	4	5
Customer Service	1	2	3	4	5
Availability of latest technology and skill sets	1	2	3	4	5
Quality of treatment plans	1	2	3	4	5
Timeliness of follow-up reports	1	2	3	4	5
Reputation of physicians	1	2	3	4	5
Overall experience	1	2	3	4	5

What comments or suggestions do you have?

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*Thank you! Your feedback is highly appreciated.*