# Client Feedback Survey

## Rate the following items on a scale of 1 to 5, with 1 meaning “strongly disagree” and 5 meaning “strongly agree”

|  |
| --- |
| The doctors and staff members of City Dental Clinic provide me with the best care possible. |
|  | 1 | 2 | 3 | 4 | 5 |
| I never have to wait more than 30 minutes for my appointment. |
|  | 1 | 2 | 3 | 4 | 5 |
| Insurance claims are filed in a timely manner. |
|  | 1 | 2 | 3 | 4 | 5 |
| I am given accurate co-pay information upon checkout. |
|  | 1 | 2 | 3 | 4 | 5 |
| It is easy to make an appointment at City Dental Clinic because they have convenient hours. |
|  | 1 | 2 | 3 | 4 | 5 |
| The waiting room, offices, and treatment rooms are all kept immaculately clean. |
|  | 1 | 2 | 3 | 4 | 5 |
| The doctors and dental hygienists at City Dental Clinic treat me with dignity and respect. |
|  | 1 | 2 | 3 | 4 | 5 |
| Each procedure is explained in great detail so that I can make an informed decision about my care. |
|  | 1 | 2 | 3 | 4 | 5 |
| I would recommend this dental clinic to friends and family members. |
|  | 1 | 2 | 3 | 4 | 5 |

What do you think could be done to make working for the Happy Customer Call Center more pleasant?

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|  |
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## Optional Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Address: |  |
| Telephone: |  | Email: |  | Best method of contact: |  |

|  |  |  |
| --- | --- | --- |
| I would like someone to contact me concerning this survey: | Yes | No |

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