

MEDICARE DURABLE MEDICAL EQUIPMENT PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS) COMPETITIVE BIDDING PROGRAM BENEFICIARY SURVEY

- 1) How would you rate your experience with _____
supplier that you recently purchased your _____ from?
(name of Durable Medical Equipment Contract Supplier)
(indicate the type of Durable Medical Equipment)
- Excellent Very Good Good Fair Poor
- 2) When you first ordered your _____ how long did it take before you received it?
(indicate the type of Durable Medical Equipment)
- Same day Between 1 and 2 days later Between 3 and 4 days later
 Between 5 and 7 days later More than 1 week later
- 3) How would you rate the training you, or the person who takes care of you, received from _____
_____ regarding the _____
(name of Durable Medical Equipment Contract Supplier) (indicate the type of Durable Medical Equipment)
you recently purchased.
- Excellent Very Good Good Fair Poor
- I didn't get any training from the supplier regarding _____.
(indicate the type of Durable Medical Equipment)
- 4) Have you had any major problems with the equipment? Yes No
- 5) Have you contacted _____
with a complaint or problem? (name of Durable Medical Equipment Contract Supplier) Yes No
- To whom did you address your complaint? _____
- What was the nature of your complaint? _____
- On what date did you register a complaint? _____
- Was your complaint or problem settled to your satisfaction? Yes No I am waiting for it to be settled
- 6) Do you continue to use this _____
on an on-going basis? (indicate the type of Durable Medical Equipment) Yes No
- If you do not continue to use this _____,
is this due to a problem with the _____?
(indicate the type of Durable Medical Equipment) Yes No
- Did your physician order a different type of _____?
(indicate the type of Durable Medical Equipment) Yes No
- 7) Would you recommend _____ to a friend? Yes No
(name of Durable Medical Equipment Contract Supplier)
- If completing this form as a proxy for the beneficiary, please respond to the following questions:
- Are you a caregiver for the beneficiary? _____
- Are you a medically-trained caregiver? _____
- What is your relationship to the beneficiary? _____