



Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear? FACILITY USE ONLY Date of Service Primary Payor ID Physician ID Patient Account #	w Average 3-Average 4-Good 5-Excellent N∺Not Applicable	Scale Definition: 1-Poor 2-Belov
9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear? FACILITY USE ONLY Date of Service Primary Payor ID Physician ID Patient Account #	pefore your procedure during your procedure after your procedure facility	 Care provided by the nursing staff b Care provided by the nursing staff d Care provided by the nursing staff a Protection of your privacy Cleanliness and appearance of the Your overall confidence in the care
Date of Service Primary Payor ID Physician ID Patient Account #	to family members or friends?	Would you recommend the facility Did you receive discharge instruction
312 9 5	Primary Payor ID Physician ID	04-01-13



What did you like best about your experience at the facility?
There was no wait to speak of. Come on - who hadly loves a
t:
What did you like least about your experience at the facility?
Parit there of one thing!
Any other comments?
Just weish a galient did not Pane to want 10 days to liver results of what taken suit stadown.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility. Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable 1. Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff Overall experience at the facility Please mark the box to indicate YES or NO to the following questions. 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear? **FACILITY USE ONLY** Physician ID Primary Payor ID Date of Service Patient Account #

Copyright 2004 Health Inventures

Do not write or mark in this box.



What did you like t	test about your experience at the facility? THE CLERHOUT AS THE TOUGHEST PART!
CON, ME	AIMELPATION OF THE ELFAN-OUT PROCESS)
	TEST ■et about your experience at the facility?

Any other comments?

DR. I AND AN WERE SUPER, PREPETEUL, CONSTDENATE
AND UNDERSTANDING - VERY PLEASED WITH THE EXPERIENCE

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Below Average	ge 3-Average 4-Good 5-Exc	ellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff before you Care provided by the nursing staff during you Care provided by the nursing staff after you Protection of your privacy Cleanliness and appearance of the facility Your overall confidence in the care provided Overall experience at the facility 	our procedure r procedure	
9. Would you recommend the facility to famile 10. Did you receive discharge instructions? 11. Were the instructions clear?		wing questions. Y N
Date of Service Primar	y Payor ID tht 2004 Health Inventures	Physician ID Patient Account # 51403



What did you like best about your experience at the facility?

Everyone was professional & efficient at their sobs but more important they were happy and from to work with !

What did you like least about your experience at the facility?

a lettle pushed but I realize you had avery full achievely that day,

Any other comments?

I don't know how orgon could wake a usistrable procedure (coloroscopy) any work anjoyable.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and malling it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

nelping us to improve the services we provi		
Please mark the box that best	describes the quality of you	r experience at this facility.
Scale Definition: 1-Poor 2-Below	v Average 3-Average 4-Good	5-Excellent N=Not Applicable
		1 2 3 4 5 N
1. Reception and registration process		
2. Care provided by the nursing staff be	efore your procedure	
3. Care provided by the nursing staff d	uring your procedure	
4. Care provided by the nursing staff a	fler your procedure	
5. Protection of your privacy		
6. Cleanliness and appearance of the	facility	
7. Your overall confidence in the care	provided to you by the staff	
8. Overall experience at the facility		
Please mark the hoy	to indicate YES or NO to the	following guestions.
Flease main the dox	to maidate 125 di No 15 mil	ΥN
9. Would you recommend the facility	to family members or friends?	
10. Did you receive discharge instruc	tions?	$oxed{oxed}$
11. Were the instructions clear?		\boxtimes
	<u> </u>	
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID
04-19-13		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Patient Account#
0264	Copyright 2004 Health Inventure	s
Do not write or mark in this box.		51403



What did you like best abo	blow &	ince at the facility?		
the Care I	off of	free the B	orchere	
was excelle	nt		`	
	··· ·			
lhot did				
hat did you like least abo	ut your experien	Ce at the facilities		
	· · · · · ·			
·		÷		
ny other comments?		•		
				
en e			•	
		r		

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.







Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good	5-Excellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff before your procedure Care provided by the nursing staff during your procedure Care provided by the nursing staff after your procedure Protection of your privacy Cleanliness and appearance of the facility Your overall confidence in the care provided to you by the staff Overall experience at the facility 	
Please mark the box to indicate YES or NO to the	
9. Would you recommend the facility to family members or friends10. Did you receive discharge instructions?11. Were the instructions clear?	
FACILITY USE ONLY	
Date of Service O 4 - 12 - 13 Copyright 2004 Health Inventure Do not write or mark in this box.	Physician ID Patient Account #



Passan No. 1
Personal care. Husband want to a facility whore they maded him in and out 50 fast that some personal care was lacking. You all do a great job!!
max 11
I would now in and out so tast that some parse
was lacking. You all do a grant still the personal care
1=100:
What did you like least at
What did you like least about your experience at the facility?
·
Any other comments?
y this comments?
Ĵ.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Below	Average 3-Average 4-Good 5-E	xcellent N=Not Applicable
. Reception and registration process 2. Care provided by the nursing staff before 3. Care provided by the nursing staff dur 4. Care provided by the nursing staff after 5. Protection of your privacy 6. Cleanliness and appearance of the far 7. Your overall confidence in the care pr 8. Overall experience at the facility	ing your procedure er your procedure cility	
Please mark the box to 9. Would you recommend the facility to 10. Did you receive discharge instruction 11. Were the instructions clear?		Illowing questions. Y N T T T T T T T T T T T T T
	FACILITY USE ONLY	
0A-04-13	Primary Payor ID Copyright 2004 Health Inventures	Physician ID Patient Account #



What did you like best about your experience at the facility?

Everyone was very nice, helpful and friendly. They worked well and the procedure was on time.

What did you like least about your experience at the facility?

nothing everything was as perfect as can be.

Any other comments?

Keep up the very good job and thanky au. ".

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-E	Selow Average 3-Average 4-Good 5-E	xcellent N=Not Applicable
1. Reception and registration process. 2. Care provided by the nursing standard process. 5. Protection of your privacy. 6. Cleanliness and appearance of 7. Your overall confidence in the 6. 8. Overall experience at the facility.	aff before your procedure aff during your procedure aff after your procedure the facility care provided to you by the staff	
	cility to family members or friends?	Illowing questions. Y N X X X X X X X X X
Date of Service	Primary Payor ID	Physician ID Patient Account #
Do not write or mark in this b	Copyright 2004 Health Inventures	51403



What did you like bes	t about your experience at the facility?
Funsil.	- your experience at the facility?

EXCELLENT CASE & ALLENING SLUTE

What did you like least about your experience at the facility?

KOTHIME.

Any other comments?

WOULD RECOMMEND FACILITY TO ANYONE PERDING SIMILAX CARE.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Belov	v Average 3-Average 4-Good	5-Excellent N=Not Applicable
teception and registration process Care provided by the nursing staff becare provided by the nursing staff decare provided by the nursing staff and protection of your privacy Cleanliness and appearance of the Your overall confidence in the care Overall experience at the facility	uring your procedure fter your procedure facility	1 2 3 4 5 N
Please mark the box	to indicate YES or NO to the	e following questions. Y N
. Would you recommend the facility). Did you receive discharge instructions clear?		? !!
	FACILITY USE ONLY	
eate of Service	Primary Payor ID	Physician ID Patient Account #
0 2 6 4 Do not write or mark in this box.	Copyright 2004 Health Inventure	es 51403



What did you like best about your experience at the facility?

The Kindness. To be on time. the smiling faces.

What did you like least about your experience at the facility?

Any other comments?

Thankyou for the wonderful job and to make me feel safe and well took care of.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your exp	erience at this facility.
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Exc	ellent N≃Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility	
Please mark the box to indicate YES or NO to the folio 9. Would you recommend the facility to family members or friends?	wing questions.
10. Did you receive discharge instructions?	M.D
11. Were the instructions clear?	ď
FACILITY USE ONLY	
Date of Service Primary Payor ID	Physician ID
04-04-13	Patient Account #
0264 Copyright 2004 Health Inventures	
Do not write or mark in this box.	51403



What did you like best about your experience at	the facility?
The care provided was ver	e Nice c
	Q
What did you like least al.	
What did you like least about your experience at t	the facility?
	·
Any other comments?	
	,

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

	st describes the quality of you	expension at time ranning.
Scale Definition: 1-Poor 2-Be	low Average 3-Average 4-Good	5-Excellent N=Not Applicable
		1 2 3 4 5 N
Reception and registration proces	2	
2. Care provided by the nursing staff	before your procedure	
3. Care provided by the nursing staff	during your procedure	
4. Care provided by the nursing staff	f after your procedure	
5. Protection of your privacy		
6. Cleanliness and appearance of th	e facility	
7. Your overall confidence in the car	e provided to you by the staff	
8. Overall experience at the facility		
Dinne muli she ha	v to indicate VEC or NO to the	Following augustions
Please mark the bo	x to indicate YES or NO to the	tollowing questions.
9. Would you recommend the facili	ty to family members or friends?	> ₹1 [1]
10. Did you receive discharge instru	ictions?	
11. Were the instructions clear?		
	FACILITY USE ONLY	1 f.
Date of Service	Primary Payor ID	Physician ID
04-12-13		
		Patient Account #
0264	Copyright 2004 Health Inventures	
Do not write or mark in this box.		51403



Triat ulu you I	ike best about your exper	rience at the fac	llitv?
wenny	blunket		
i			
!			
L			
Milhad about the re-			
what did you li	ke least about your exper	rience at the fac	ility?
/			
<i>7</i>			
š			
		•	
Any other com			
The st	iff (all)	1000	y supportine
- 0			y supportine
محدی ر	were a		
	ب لا		
	Thomas	las '	
	_	-0	
		1 may	

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the qua	lity of your experience at this facility.
Scale Definition: 1-Poor 2-Below Average 3-Average	e 4-Good 5-Excellent N=Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff before your procedur 3. Care provided by the nursing staff during your procedur 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by t 8. Overall experience at the facility	
Please mark the box to indicate YES or	NO to the following questions.
9. Would you recommend the facility to family members10. Did you receive discharge instructions?11. Were the instructions clear?	or friends? Y N X C
TABLE THE LINE	- CALLY
Date of Service O4 - (0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	Physician ID Patient Account #
The state of the s	51403



What did you like best :	about your ex	operience at the facility?
LI CIRCAT	STAFF	Bo
		·
What did you like least a	bout your ex	perience at the facility?
Any other comments?		
		•

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that be	st describes the quality of you	т experience at this facility.
Scale Definition: 1-Poor 2-Bel	ow Average 3-Average 4-Good	5-Excellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of the Your overall confidence in the care Overall experience at the facility 	before your procedure during your procedure after your procedure e facility e provided to you by the staff	1 2 3 4 5 N
Please mark the box	to indicate YES or NO to the	following questions.
9. Would you recommend the facilit10. Did you receive discharge instru11. Were the instructions clear?		
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID Patient Account #
0264	Copyright 2004 Health Inventures	and account



What did you I	ike best about you	or experience at the	facilitus	
The	caving	ar experience at the	8 9000	st Jenson
What did you li	ke least about voi	ır experience at the		
		in experience at the	facility?	
Any other com	ments?			
		•	•	

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for

helping us to improve the services we provide to our patients and their families. Please mark the box that best describes the quality of your experience at this facility. Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable 1. Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility Please mark the box to indicate YES or NO to the following questions. 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear? **FACILITY USE ONLY** Physician ID Primary Payor ID Date of Service Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about your experience at the facility?
What did you like least about your experience at the facility?
asportence at the facility?
Any other comments?
The entire Stady working to all = 1
our 2nd examinance et the offerner made
The entire Staff working together made our 2nd experience at this facility the very enjoyable
The again (9)

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your	
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-	Excellent N=Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility	
Please mark the box to indicate YES or NO to the fig. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear?	ollowing questions.
Primary Payor ID O 2 6 4 Copyright 2004 Health Inventures Do not write or mark in this box.	Physician ID Patient Account #
Do not write of mark in this poy.	Ei r 1



What did you like best about your experience at the facility?
What did you like least about your experience at the facility?
a de la cacinty ?
Any other comments?
You gaup were great Thorks for a very pleasant experience. See you in 10 years.
Thorks for a very pleasant experience.
de you in 10 years.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

Reception and registration process Care provided by the nursing staff before your procedure Gare provided by the nursing staff during your procedure Care provided by the nursing staff after your procedure Care provided by the nursing staff after your procedure Care provided by the nursing staff after your procedure Care provided by the nursing staff after your procedure Care provided to your privacy Care provided to you by the staff Care provided by the nursing staff during your procedure Care provided	1 2 3 4 5 N
9. Would you recommend the facility to family members or friends?10. Did you receive discharge instructions?11. Were the instructions clear?	
FACILITY USE ONLY	
Date of Service Primary Payor ID Copyright 2004 Health Inventures Do not write or mark in this box.	Physician ID Patient Account # 51403



What did you like best about your experience at the facility?

Everyone was so kind! I felt very combatable being there, & feelt cared for. Thouh you!

What did you like least about your experience at the facility?

I wish there was a mae secure area of the bedside to to leave my belongings.

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Belo	w Average 3-Average 4-Goo	d 5-Excellent N≃No	ot Applicable
 Reception and registration process Care provided by the nursing staff to Care provided by the nursing staff to Care provided by the nursing staff to Protection of your privacy Cleanliness and appearance of the Your overall confidence in the care Overall experience at the facility 	during your procedure after your procedure facility		3 4 5 N
9. Would you recommend the facility 10. Did you receive discharge instructions clear?	•	<u>-</u>	ions. Y N C C C C C C C C C C C C C C C C C
	FACILITY USE ONLY		
Date of Service 04-17-13 0264 Do not write or mark in this box.	Primary Payor ID Copyright 2004 Health Inventur	Physician Patient A	



What did you like best about your experience at the facility?
Gladit is over with for now,
What did you like least about your experience at the facility?
Gatitorer with
Any other comments?
Vary Sants Satisfied
1. cards
Thank you for taking the time to complete this survey and share your idea. By
Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided.
fold the completed survey and return it in the envelope provided. No postage is necessary.









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility. Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable 1. Reception and registration process 2. Care provided by the nursing staff before your procedure Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility Please mark the box to indicate YES or NO to the following questions. 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear? **FACILITY USE ONLY** Physician ID Primary Payor ID Date of Service

Copyright 2004 Health inventures

Do not write or mark in this box.

Patient Account #



What did you like best about your experience at the facility?
Feating of competency
What did you like least about your experience at the facility?
Any other comments?
Very pleased.
,

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility. Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable 1. Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff Overall experience at the facility Please mark the box to indicate YES or NO to the following questions. 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear? FACILITY USE ONLY Physician ID **Primary Payor ID** Date of Service

Date of Service
Primary Payor ID
Physician ID
Patient Account #

Copyright 2004 Health Inventures

51403



What did you like best about your experience at the facility?
Friendly, professional staff
What did you like least about your experience at the facility?
All good
Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Be	low Average 3-Average 4-Good 5-E	xcellent N=Not Applicable
 Reception and registration proces Care provided by the nursing staf Care provided by the nursing staf Care provided by the nursing staf Protection of your privacy Cleanliness and appearance of th Your overall confidence in the call Overall experience at the facility 	f before your procedure f during your procedure f after your procedure ne facility	
9. Would you recommend the facil 10. Did you receive discharge instr 11. Were the instructions clear?		Howing questions. Y N
	FACILITY USE ONLY	
Date of Service 04-25-13 0264 Do not write or mark in this box	Primary Payor ID Copyright 2004 Health Inventures	Physician ID Patient Account # 51403

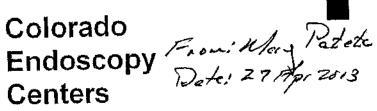


what did you like best about your experie	ence at the facility?
Expirent Process very clear Entire staff friendly	
What did you like least about your experie	ence at the facility?
NOTHING	
Any other comments?	
NA	
, , , ,	
•	









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

possible by completing this short survey helping us to improve the services we pr	y important to us. Please assist us in or and mailing it back to us in the postage ovide to our patients and their families. ast describes the quality of your ex	, , , , , , , , , , , , , , , , , , ,
	low Average 3-Average 4-Good 5-E	
 Reception and registration proces Care provided by the nursing stat Care provided by the nursing stat Care provided by the nursing stat Protection of your privacy Cleanliness and appearance of the care Your overall confidence in the care Overall experience at the facility 	f before your procedure If during your procedure If after your procedure The facility	1 2 3 4 5 N
Please mark the bo	ox to indicate YES or NO to the following to family members or friends?	lowing questions. Y N
10. Did you receive discharge instr 11. Were the instructions clear?		
	FACILITY USE ONLY Primary Payor ID	Physician ID
Date of Service 04-26-13		Patient Account #
Do not write or mark in this box	Copyright 2004 Health Inventures	51403



What did you like best about your experience at the facility?

Tenson of his short core from both Dr.
What did you like least about your experience at the facility?
NIA
Any other community of
Any other comments?
715-That you ell 8







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

			_
Scale Definition: 1-Poor 2-Below	w Average 3-Average 4-Good	5-Excellent N=Not Applicable	
1. Reception and registration process 2. Care provided by the nursing staff b 3. Care provided by the nursing staff o 4. Care provided by the nursing staff a 5. Protection of your privacy 6. Cleantiness and appearance of the 7. Your overall confidence in the care 8. Overall experience at the facility	during your procedure after your procedure facility provided to you by the staff		
Please mark the box	to indicate YES or NO to the	e following questions.	
9. Would you recommend the facility 10. Did you receive discharge instruct 11. Were the instructions clear?		? \(\times \) \(
	FACILITY USE ONLY		
Date of Service OH-G-G-G Do not write or mark in this box.	Primary Payor ID Copyright 2004 Health Inventure	Physician ID Patient Account # 51403	



what did you like best about your experience at the facility?
The Care provided by CAROL on The Doctor
What did you like least about your experience at the facility?
What did you like least about your experience at the facility? The Luck of privicy when convers in o in The he corery area.
Any other comments?
Thank you for TAKING such a googlewre for me & my wife.









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that be	st describes the quality of your e	xperience at this facility.
Scale Definition: 1-Poor 2-Bel	ow Average 3-Average 4-Good 5-E	xcellent N=Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the car 8. Overall experience at the facility	before your procedure during your procedure after your procedure e facility	1 2 3 4 5 N
	x to indicate YES or NO to the fo	llowing questions. Y N
Would you recommend the facility to family members or friends? Did you receive discharge instructions?		
11. Were the instructions clear?		\boxtimes
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID Patient Account #
0264	Copyright 2004 Health Inventures	
Do not write or mark in this box.		51403



What did you like best about your experience at the facility?

THE PROFESSIONALISM OF THE ENTIRE STAFF.

What did you like least about your experience at the facility?

I HAVE NO COMPLAINTS.

Any other comments?

SURRY FOR MY STUPID JOKES, LIKE ACTING AS IF I COULDN'T WALK WHEN I LEFT. I'M SURE A PROFESSIONAL LOOKS AT THAT DIFFERENTLY THAN A WANNABE CONCEDIAN.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

helping us to improve the services we provide to ou Please mark the box that best descri			this facility.
Scale Definition: 1-Poor 2-Below Avera	ge 3-Average 4-Good	5-Excellent N=N	lot Applicable
 Reception and registration process Care provided by the nursing staff before you Care provided by the nursing staff during you Care provided by the nursing staff after you Protection of your privacy Cleanliness and appearance of the facility Your overall confidence in the care provide Overall experience at the facility 	our procedure		3 4 5 N
Please mark the box to indic	cate YES or NO to the	following que	stions.
 Would you recommend the facility to famile Did you receive discharge instructions? Were the instructions clear? 	ly members or friends?	?	
FA	CILITY USE ONLY		
Date of Service Primar	ry Payor ID	Physicia Patient	Account#
O 2 6 4 Copyrig	ght 2004 Health Inventure	s	51403



What did you like best about your experience at the facility?
Staff were very friendly + professional.
· · · · · · · · · · · · · · · · · · ·
What did you like least about your experience at the facility?
Any other comments?







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Bel	ow Average 3-Average 4-Good 5	-Excellen	t N=N	łot Ap	plicat	ole		
		1	2	3	4	5	Ν,	Δ
1. Reception and registration process	3						□ 6	SOME
2. Care provided by the nursing staff	before your procedure							Misplaced
3. Care provided by the nursing staff	during your procedure					M		papers
4. Care provided by the nursing staff	after your procedure					W		·
5. Protection of your privacy								
6. Cleanliness and appearance of the	e facility					M		
7. Your overall confidence in the care	e provided to you by the staff					A		
8. Overall experience at the facility						M		
Please mark the hov	to indicate YES or NO to the fo	ollowina	miles	tions				
Ficase main the box	to more than a real to the r	Ollowing	ques	MOHE	Y	N		
9. Would you recommend the facility	y to family members or friends?				'n			
10. Did you receive discharge instru	ctions?							
11. Were the instructions clear?	1 4/1/20	بأدرين			H			
I hanks for me	along this pro	cear	al		·			/
an alexant as	well did The	Morre	1/2	w	111	as	M	uch.
	FACILITY USE ONLY	775077	// [- V.		easte
Date of Service	Primary Payor ID	Phy	/sicia	n ID				their,
04-08-13								time
,		Pat	ient /	Acco	ınt#		р	
0264	Copyright 2004 Health Inventures							}
Do not write or mark in this box.					5	1403		
								Ī



What did you like best about your experience at the facility?
the nursing staff and Dr. Jensen wege wilcoming and reassuring? I hough they was some confession on a few papers, the front receptions smoothly rectified the steertion.
What did you like least about your experience at the facility?
Any other comments?
I commend your staff on their calmous and pleasant attitions.

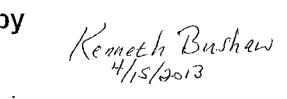
Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403



Do not write or mark in this box.





GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility. Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable 1. Reception and registration process 2. Care provided by the nursing staff before your procedure M have no idea @ 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility Please mark the box to indicate YES or NO to the following questions. 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? And terribly redundant! 11. Were the instructions clear? **FACILITY USE ONLY** Date of Service Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures



What did you like best about your experience at the facility?

Smooth running machine - - or so it seemed. Everyone Leemen professional a efficient.

What did you like least about your experience at the facility?

It is define thy not on my list of favorite places to visit. Just don't like the place @

Any other comments?

I asked for and expected to receive a report my hemmorhoids. I have yet to hear anything. I was informed verbally of the detection of abnormal heart behavior but I see nothing reported to me about that. I hope both of these are forth coming.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary,

Copyright 2004 Health Inventures







Do not write or mark in this box.



Gl and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility. Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable 2 1. Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility Please mark the box to indicate YES or NO to the following questions. 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear? **FACILITY USE ONLY** Physician ID Primary Payor ID Date of Service Patient Account # Copyright 2004 Health inventures



What did you like best about your experience at the facility?

EVERYONE VERY FRIEDDLY & HELPFUL

DIRECTIONS VERY CLEAR.

NICE TO HAVE DR WITH SENSE OF

HUMBR,

I APPROLATE ALL THE DIETARY INFORMATION

WHAT TO EAT WHAT TO AUDID.

What did you like least about your experience at the facility?

I CHECKED THAT MY HEACTH INFORMATION NOT BE SHARED WITH MY RIDE, HE SAID IT WAS SHARED. I DON'T FEEL COMFORTABLE SHARING DETALLS WITH HIM

Any other comments?

PLEASE PUT TELEVISION ON CLOSED CAPTION, THE TWO GENTLEMEN IN ROOM COULD NOT HEAR.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Bel	low Average 3-Average 4-Good 5	Excellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of th Your overall confidence in the car Overall experience at the facility 	before your procedure f during your procedure f after your procedure e facility e provided to you by the staff	
9. Would you recommend the facility 10, Did you receive discharge instructions clear?		Y N N N N N N N N N N N N N N N N N N N
	FACILITY USE ONLY	
Date of Service 04-18-13 0264	Primary Payor ID Copyright 2004 Health inventures	Physician ID Patient Account #
Do not write or mark in this box.		51403



What did you like best about your experience at the facility?

The staff! They could not have been kinder or more reassuring. All yeast lovely Recycle.

What did you like least about your experience at the facility?

Alawe absolutely nothing negative to deport.

Any other comments?

In Jensen and his staff are the hest!

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

Copyright 2004 Health Inventures









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Below Average 3	-Average 4-Good 5-Excellent N=Not Applicable	<u> </u>
1. Reception and registration process 2. Care provided by the nursing staff before your page 3. Care provided by the nursing staff during your page 4. Care provided by the nursing staff after your properties. Protection of your privacy 6. Cleantiness and appearance of the facility 7. Your overall confidence in the care provided to the facility 8. Overall experience at the facility	rocedure	
Please mark the box to indicate 9. Would you recommend the facility to family me 10. Did you receive discharge instructions? 11. Were the instructions clear?	YES or NO to the following questions. Y embers or friends?	N
Date of Service Primary Pa	Patient Account #	403



What did you like best about your experience at the facility? Worsenful munges duing precedure + follow up. * : Followed instructions on day lesson go. lite - Didn't pereive from your office.

What did you like least about your experience at the facility?

Acentusion about "day before" instructions.

Any other comments?





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Below Average 3-Average 4	-Good 5-Excellent N≃Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the s 8. Overall experience at the facility	1 2 3 4 5 N
Please mark the box to indicate YES or NO. 9. Would you recommend the facility to family members or f. 10. Did you receive discharge instructions? 11. Were the instructions clear?	Y N
Primary Payor ID DA - 26 - 13 Copyright 2004 Health in	Physician ID Patient Account #



What did you like best about your experience at the facility?
What did you like least about your experience at the facility?
Any other comments?









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

helping us to improve the services we pro	ovide to our patients and their families.	
Please mark the box that be	st describes the quality of your ex	xperience at this facility.
Scale Definition: 1-Poor 2-Bel	ow Average 3-Average 4-Good 5-E	xcellent N=Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the car 8. Overall experience at the facility	s before your procedure during your procedure fafter your procedure se facility	
Please mark the bo	x to indicate YES or NO to the fol	llowing questions.
9. Would you recommend the facility 10. Did you receive discharge instructions clear? 11. Were the instructions clear?	ity to family members or friends?	
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID Patient Account #
0264	Copyright 2004 Health Inventures	
Do not write or mark in this box	•	51403



What did you like best about your experience at the facility?

The nurses who propped me were extraordinarily kind and caving. I was very nervous of they made the expenence more comfortable.

What did you like least about your experience at the facility?

my 7:15 check in, but waited, ungreeted, until 7:25. It made the experience escalated in terms of myanxiety over the procedure.

Any other comments?

Fix me, please! (")









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

ow Average 3-Average 4-Good 5-	Excellent N=Not Applicable
before your procedure during your procedure after your procedure e facility e provided to you by the staff	
to indicate YES or NO to the for y to family members or friends? ctions?	Illowing questions.
FACILITY USE ONLY	
Primary Payor ID	Physician ID Patient Account #
	before your procedure during your procedure after your procedure e facility e provided to you by the staff to indicate YES or NO to the for y to family members or friends? ctions? FACILITY USE ONLY



What did you like best about your experience at the facilit	y?
What did you like least about your experience at the facilit	y?
Any other comments?	,









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care

Your comments and suggestions are very possible by completing this short survey ar helping us to improve the services we prov	nd mailing it back to us in the pos	stage-paid envelope. Thank you lot
Please mark the box that best		
Scale Definition: 1-Poor 2-Belo	w Average 3-Average 4-Good	5-Excellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff to Care provided by the nursing staff to Care provided by the nursing staff to Protection of your privacy Cleanliness and appearance of the Your overall confidence in the care Overall experience at the facility 	during your procedure after your procedure	
Would you recommend the facility		YN
10. Did you receive discharge instructions clear?	ctions?	Ž 🖯
·	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID Patient Account #
0264	Copyright 2004 Health Inventure	
Do not write or mark in this box.		51403



What did you like best about your experience at the facility?
the staff is cheerful & respectful the Each potient my be afraid, nervous and hungary, etc.
What did you like least about your experience at the facility?

·
Any other comments?
De Vensen presents with a great sense of human whech helps to alleviate wormes and concerns about his
procederes.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

Copyright 2004 Health Inventures







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Bel	ow Average 3-Average 4-Good	5-Excellent N=Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of the 7. Your overall confidence in the care 8. Overall experience at the facility	before your procedure during your procedure after your procedure e facility	1 2 3 4 5 N
9. Would you recommend the facilit		Y N
10. Did you receive discharge instru11. Were the instructions clear?	ctions?	
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID
019-251-113		
0 2 6 4	Copyright 2004 Health Inventures	Patient Account #
Do not write or mark in this box.		51403
•		



What did you like best about y	our exp	erience at	the facility?		
:					
	<u>. ·</u>				
What did you like least about y	our exp	erience at	the facility?		
			•	·	
Any other comments?					!
			· ·		
			· · · · · · · · · · · · · · · · · · ·		

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

Copyright 2004 Health Inventures







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best	describes the quality of you	r experience at this facility.
Scale Definition: 1-Poor 2-Belo	w Average 3-Average 4-Good	5-Excellent N≍Not Applicable
. Reception and registration process 2. Care provided by the nursing staff b 3. Care provided by the nursing staff o 4. Care provided by the nursing staff o 5. Protection of your privacy 6. Cleanliness and appearance of the 7. Your overall confidence in the care 8. Overall experience at the facility	during your procedure after your procedure facility	
Please mark the box 9. Would you recommend the facility 10. Did you receive discharge instruct 11. Were the instructions clear?		Y N
Date of Service O 2 6 4 Do not write or mark in this box.	Primary Payor ID Copyright 2004 Health Inventure	Physician ID Patient Account # 51403



What did you like best about your experience at the facility?	
Friendliness and organization of energons involved.	
What did you like least about your experience at the facility?	_
,	
·	
Annual	
Any other comments?	_







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-1	Excellent N=Not Applicable
Reception and registration process Care provided by the nursing staff before your procedure Care provided by the nursing staff during your procedure Care provided by the nursing staff after your procedure Protection of your privacy Cleanliness and appearance of the facility Your overall confidence in the care provided to you by the staff Overall experience at the facility	
Please mark the box to indicate YES or NO to the fo	ollowing questions.
9. Would you recommend the facility to family members or friends?10. Did you receive discharge instructions?11. Were the instructions clear?	
FACILITY USE ONLY	
Date of Service Primary Payor ID O264 Copyright 2004 Health Inventures Do not write or mark in this box.	Physician ID Patient Account # 51403



What did you like best about your experience at the facility?

That it is smooth AND coming For what you Do for me AS A DATIENCE.

What did you like least about your experience at the facility?

DON'& hAVE ANG.

Any other comments?

NICE FACILITY!

THANK YOU GRATIME + HERE)







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor Z-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable					
 Reception and registration process Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of th Your overall confidence in the car Overall experience at the facility 	before your procedure during your procedure after your procedure e facility	1 2 3 4 5 N			
Please mark the bo	x to indicate YES or NO to the foll	owing questions.			
9. Would you recommend the facility to family members or friends?10. Did you receive discharge instructions?11. Were the instructions clear?					
	FACILITY USE ONLY				
Date of Service	Primary Payor ID	Physician ID			
04-29-113		Patient Account #			
0 2 6 4	Copyright 2004 Health Inventures	Tablette Account in			
Do not write or mark in this box.		51403			



What did you like best about your experie	ence at the fac	ilitv?		
Very friendly statt, norde me feel at	wises, a	octor		
made me ful at	ease'			
·				
			 	
What did you like least about your experie	ence at the fac	ility?		
Nothing		yı		<u> </u>
J				
·				
			 	
Any other comments?				
no	-			
			·	









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility. Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable 1. Reception and registration process 2. Care provided by the nursing staff before your procedure Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility Please mark the box to indicate YES or NO to the following questions. 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear? **FACILITY USE ONLY** Physician ID Primary Payor ID Date of Service Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about your experience at the facility?
Discharge
What did you like least about your experience at the facility?
Any other commerces
Any other comments?
Dis appointed to learn that Movi Prep
innie time effective & that copies
Dis appointed to learn that Movi Prep wasn't more effective stat Egyrus innigation had to be used of thes the Colon still backed the expected

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403



The second control of the control of





GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Be	low Average 3-Average 4-Good 5	-Excellent N≔Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of the 7. Your overall confidence in the care 8. Overall experience at the facility	before your procedure during your procedure after your procedure e facility	1 2 3 4 5 N
Please mark the box	k to indicate YES or NO to the fo	ollowing questions.
Would you recommend the facilit Did you receive discharge instru Were the instructions clear?		
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID
08-02-13	- Inday rayor is	Patient Account #
0 2 6 4	Copyright 2004 Health Inventures	
Do not write or mark in this box.		51403



7	hat did you like bes	anout your ex	perience at t	he facility?	···	 		
		<u> </u>				 	ŀ	
	<u> </u>					 		



Please submit your written responses to the following questions in the boxes provided below.

What did you lik	best about your experience at the facility?	_
Mihad attack and		

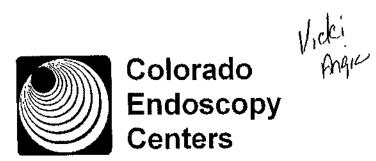
What did you like least about your experience at the facility?

Any other comments?

Two inch abrasion on the left side of the battock near the anns







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Be	low Average 3-Average 4-Good 5-I	Excellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of th Your overall confidence in the car Overall experience at the facility 	before your procedure during your procedure after your procedure e facility	
Please mark the bo	x to indicate YES or NO to the fo	
9. Would you recommend the facilit10. Did you receive discharge instru11. Were the instructions clear?		
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID Patient Account #
0264	Copyright 2004 Health Inventures	
Do not write or mark in this box.	•	51403



What did you like best about your experience at the facility?

The nursing staff was friendly + courteous yet very professional

What did you like least about your experience at the facility?

I did not like the fact that I was the only one that seemed to know I had an EGD scheduled. During check-in it was essumed my wife was there ho- a colonoscopy.

Any other comments?

The only apology we received was from the gal who was trying to check with my wife in for a colon oscopy.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-E: 1. Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy	1 2 3 4 5 N
6. Cleanliness and appearance of the facility7. Your overall confidence in the care provided to you by the staff8. Overall experience at the facility	
Please mark the box to indicate YES or NO to the foll 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear?	owing questions. Y N \(\sum_{\text{\tint}\text{\tint{\text{\tint{\text{\text{\tint{\tint{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\texi{\texi{\texict{\texi\texi\tin}\tint\tint{\text{\texi}\text{\texi{\texi{\texi{\texi{\tex{
Date of Service Primary Payor ID O264 Copyright 2004 Health Inventures Do not write or mark in this box.	Physician ID Patient Account #



Friendly nursing spift.	ou like best about your experience at the facility?
	 ly nursing spft.

My proper nork was lost & I had to fill out all of the forms again.

Any other comments?

I writed almost 20 minutes on the day of my appointment before any staff member greeted me.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that bes	st describes the quality of your	experience at this facility.
Scale Definition: 1-Poor 2-Bel	ow Average 3-Average 4-Good 5	Excellent N=Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleantiness and appearance of the 7. Your overall confidence in the care 8. Overall experience at the facility	before your procedure during your procedure after your procedure e facility	1 2 3 4 5 N X
Please mark the box	to indicate YES or NO to the fo	ollowing questions.
 Would you recommend the facility Did you receive discharge instructions clear? 		
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID
08-21-13		Patient Account #
0 2 6 4	Copyright 2004 Health inventures	Padent Account #
Do not write or mark in this box.		51403



What did you like best about your experience at the facility?	
Friendly new 3 the stoff.	
	٠.
What did you like least about your experience at the facility?	
Serson Checking me in how trauble gitting Computer to Guid Dabels after lording labels. Said this hippins The didn't skern to know what to down that to down that states I stated. Station, Berhops a remew is recessing.	a lat
The didn't skern to know what to do at that	
Station, Gerhops a remewes Necessary.	
Any other comments?	

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

Copyright 2004 Health Inventures









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that bes	t describes the quality of your ex	sperience at this facility.
Scale Definition: 1-Poor 2-Belo	ow Average 3-Average 4-Good 5-Ex	xcellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of the Your overall confidence in the care Overall experience at the facility 	before your procedure during your procedure after your procedure	
Please mark the box 9. Would you recommend the facility 10. Did you receive discharge instructions clear?		owing questions. Y N already \[\begin{align*}
Date of Service 08 - 02 - 13	Primary Payor ID 483769849	Physician ID Patient Account #
Do not write or mark in this box.	Copyright 2004 Health Inventures	51403



What did you like best about your experience at the facility?	
Everything	
:	
What did you like least about your experience at the facility?	
nothing	
Any other comments?	
Kathleen mulder	

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

us to improve the services we provide to our patients and their families.	
Please mark the box that best describes the quality of your experience at this facility.	
Flease mark the box was been	
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N≍Not Applicable	_

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Ex	cellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff before your procedure Care provided by the nursing staff during your procedure Care provided by the nursing staff after your procedure Protection of your privacy Cleanliness and appearance of the facility Your overall confidence in the care provided to you by the staff Overall experience at the facility 	
9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear?	lowing questions.
Primary Payor ID UB - 27 - 19	Physician ID Patient Account #

	FACILITY USE ONLY	
08 - 27 - 13	Primary Payor ID	Physician ID Patient Account #
0264 Do not write or mark in this box.	Copyright 2004 Health Inventures	51403



What did you like best about your experience at the facility?

Was extremely nervous but the staff was very pleasant a upbeat which resowed many apprehensions.

What did you like least about your experience at the facility?

11/9

Any other comments?

NIa

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

Copyright 2004 Health Inventures







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your	experience at this facility.
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-	Excellent N=Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility	1 2 3 4 5 N
Please mark the box to indicate YES or NO to the fig. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear?	ollowing questions. Y N N N N N N N N N N N N N
FACILITY USE ONLY	
Date of Service Primary Payor ID	Physician ID Patient Account #
O 2 6 4 Copyright 2004 Health Inventures Do not write or mark in this box.	51403



What did you like best about your experie	ance of the factor of
It was quick, comfortable	and professional
What did you like least about your experie	nce at the facility?
Nothing	a, the facility?
Any other comments?	
•	•

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403





GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility. Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable 1. Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility Please mark the box to indicate YES or NO to the following questions. 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear? **FACILITY USE ONLY** Physician ID **Primary Payor ID** Date of Service Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



W	hat did you	u like bes	st about	your experience at the facility?	
	EVER	JONE	WAS	FRIENDLY!	
		· · · <u>· · · · · · · · · · · · · · · · </u>			
Wh:	at did you	like leas	t about y	your experience at the facility?	
				y .	

Any other comments?

WILL TELL OTHER FOLKS ABOUT MY POSITIVE EXPERIENCE!

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

possible by completing this short survey and mailing it back to helping us to improve the services we provide to our patients a	and their rannings.
Please mark the box that best describes the q	uality of your experience at this facility.
Scale Definition: 1-Poor 2-Below Average 3-Aver	rage 4-Good 5-Excellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff before your process Care provided by the nursing staff during your process Care provided by the nursing staff after your procedus Protection of your privacy Cleanliness and appearance of the facility Your overall confidence in the care provided to you be Overall experience at the facility 	1 2 3 4 5 N
Please mark the box to indicate YES	or NO to the following questions.
9. Would you recommend the facility to family membe10. Did you receive discharge instructions?11. Were the instructions clear?	YN
	ISC ONLY
FACILITY U	
Date of Service Primary Payor I	Patient Account #
0264 Copyright 2004 He	
Do not write or mark in this box.	51403



What did you like best about your experience at the facility?

The people who work there are Kind + friendly.

What did you like least about your experience at the facility?

lack of privacy in terms of Curtains rather than walls. (We can hear eachother.

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

Copyright 2004 Health Inventures









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that be	st describes the quality of your	experience at this facility.
Scale Definition: 1-Poor 2-Bel	ow Average 3-Average 4-Good 5	-Excellent N=Not Applicable
i. Reception and registration process 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of the 7. Your overall confidence in the care 8. Overall experience at the facility	before your procedure during your procedure after your procedure e facility	1 2 3 4 5 N
Please mark the box	x to indicate YES or NO to the f	
 Would you recommend the facilit Did you receive discharge instru Were the instructions clear? 		
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID
08-08-12		Patient Account #
0264	Copyright 2004 Health Inventures	
Do not write or mark in this box.		51403



What did	you like best abo	ut your experien	ce at the fa	cility2		
1 . (llofessionar				SINCERE,	
	•				. ·	
 - -					_	
What did y	ou like least abo	ut your experien	ce at the fa	cility?		
NONHI						
Any other	comments?		<u> </u>			 .
NA	:					
				•		
	:			·		

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

Copyright 2004 Health Inventures









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Be	elow Average 3-Average 4-Good	5-Excellent N=Not Applicable
 Reception and registration proces Care provided by the nursing staf Care provided by the nursing staf Care provided by the nursing staf Protection of your privacy Cleanliness and appearance of th Your overall confidence in the car Overall experience at the facility 	f before your procedure f during your procedure f after your procedure ne facility	1 2 3 4 5 N
9. Would you recommend the facilit 10. Did you receive discharge instructions clear?		following questions. Y N
	FACILITY USE ONLY	
Date of Service 08 - 05 - 13 0264 Do not write or mark in this box.	Primary Payor ID Copyright 2004 Health Inventures	Physician ID Patient Account # 51403



What did you like best about your experience at the facility?	
you experience as the facility?	
What did you like least about your experience at the facility?	
experience at the facility?	
Any other comments?	
	ĺ
· ·	

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care

possible by completing this short survey and mailing it back to us in the postage- helping us to improve the services we provide to our patients and their families.	раю епчеюре. Тпапк уод юг
Please mark the box that best describes the quality of your ex	perience at this facility.
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Ex	ccellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff before your procedure Care provided by the nursing staff during your procedure Care provided by the nursing staff after your procedure Protection of your privacy Cleanliness and appearance of the facility Your overall confidence in the care provided to you by the staff Overall experience at the facility 	1 2 3 4 5 N
Please mark the box to indicate YES or NO to the following	lowing questions.
9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear?	
FACILITY USE ONLY	
Date of Service Primary Payor ID O8-29-13	Physician ID Patient Account #
O 2 6 4 Copyright 2004 Health Inventures Do not write or mark in this box.	51403
DO HOLLING ST. HARMAN AND WALLE.	



at did you like best about y			
TO CONTRACTOR			
	·		
و العام المالية			
t did you like least about y	our experience at t	he facility?	
No Comment			
100 Continuent			
		•	
- <u></u>			
other comments?		•	
No Comment			
•			

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403



51403



GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that b	est describes the quality of you	les. If experience at this facility
	elow Average 3-Average 4-Good	
 Reception and registration proces Care provided by the nursing staf Care provided by the nursing staf Care provided by the nursing staf Protection of your privacy Cleanliness and appearance of th Your overall confidence in the car Overall experience at the facility 	f before your procedure f during your procedure f after your procedure se facility se provided to you by the staff	
Please mark the bo	x to indicate YES or NO to the	following questions.
9. Would you recommend the facilit10. Did you receive discharge instructions clear?		
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID
08-27-13		
0264 Do not write or mark in this box.	Copyright 2004 Health Inventures	Patient Account #



What did you like best about your experience at the facility?

Nursing Staff- provided excellent service

What did you like least about your experience at the facility?

No comment,

Any other comments?

No.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

Copyright 2004 Health Inventures









Thank you for choosing this facility for your procedure. We hope your experience was a positive one

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that	best describes the quality of you	lies.
Scale Definition: 1-Poor 2-	Below Average 3-Average 4-Good	5-Excellent N=Not Applicable
1. Reception and registration products 2. Care provided by the nursing st 3. Care provided by the nursing st 4. Care provided by the nursing st 5. Protection of your privacy 6. Cleanliness and appearance of 7. Your overall confidence in the call. 8. Overall experience at the facility	ess aff before your procedure aff during your procedure aff after your procedure the facility are provided to you by the staff	
Would you recommend the fact Did you receive discharge instr Were the instructions clear?	lity to family members or friends?	No dispersions. No dispersions. No dispersions. No dispersions.
Date of Service	FACILITY USE ONLY	
08-27-13	Primary Payor ID	Physician ID
0 2 6 4 Do not write or mark in this box.	Copyright 2004 Health Inventures	Patient Account #



What did you lik	ce best about your experience at the facility?
Personal	Care
,	
	}
	ì
What did von lil	to long observations and the facility of
what did you iii	ke least about your experience at the facility?
	·
	,
Any other com	ments?
Taxa	inch abrasion on the left side
04	the battock near the anus
5+11	experiencing irritation after one week,

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-E	Below Average 3-Average 4-Good 5-I	Excellent N=Not Applicable
1. Reception and registration proces 2. Care provided by the nursing sta 3. Care provided by the nursing sta 4. Care provided by the nursing sta 5. Protection of your privacy 6. Cleanliness and appearance of 7. Your overall confidence in the ca 8. Overall experience at the facility	aff before your procedure aff during your procedure aff after your procedure the facility are provided to you by the staff	
Please mark the b	ox to indicate YES or NO to the fo	
9. Would you recommend the factor.10. Did you receive discharge inst11. Were the instructions clear?		
	FACILITY USE ONLY	
	Primary Payor ID	Physician !D
Date of Service 0 8 - 09 - 13		Patient Account #
0264	Copyright 2004 Health Inventures	
Do not write or mark in this box	x.	51403



What did you like best about your experience at the facility?

Profess and s helps	ional Staff.	inte. Eve	raction	made o	Dr., s in effor	rurses f to
What did you lik	e least abou	t your expe	rience at the			enverien.
				v		
Any other com	nents?			· ·		
По						
	:					

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Would you recommend the facility Did you receive discharge instruct	before your procedure during your procedure after your procedure facility provided to you by the staff to indicate YES or NO to to	1 2 3 4	
2. Care provided by the nursing staff of a care of the car	before your procedure during your procedure after your procedure facility provided to you by the staff to indicate YES or NO to to	the following questions.	
Would you recommend the facility Did you receive discharge instruct	to family members or frience		
Did you receive discharge instruct		-tD	
		us? (2	Y N MT □
	tions?	_ _	3 []
1. Were the instructions clear?	D C	\$ []	
ate of Service	FACILITY USE ONLY		
<u>88 66 68 68 68 68 68 68 68 68 68 68 68 6</u>	Primary Payor ID	Physician ID	
2181-11161-1113			
		Patient Account	
<u> </u>			¥
·· ···································	Copyright 2004 Health Inventur	(1 111	#



What did you like bes	t about your exper	rience at the fac	:ilitv?	
Very prof Personneal	'essional			
Personnel	<i>sutoraction</i>	and care	'ng	
			Ť	
What did you like leas	t about your expe	rience at the fa	cility?	·
	·			·
Any other comments	?		•	

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of you	r experience at this facility.
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5	5-Excellent N=Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility	
Please mark the box to indicate YES or NO to the formula of the following section of the followi	oflowing questions. Y N
FACILITY USE ONLY Date of Service Primary Payor ID	Physician ID
0264 Copyright 2004 Health Inventures Do not write or mark in this box.	Patient Account #
DO NOT WITE OF MARK III IIIIS DOX.	51403



What did you like best about your experience at the facility?	
	ļ
	İ
What did you like least about your experience at the facility?	
	1.0
Any other comments?	A NOON
I would like a follow up call the	
Any other comments? I would like a follow up call the after my barium errima./x-ray results are in It wasn't dear if that would happen when I left that yacilitis	
results are in. It wasn't dear	
if that would happen when I	
left that youldity	-

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

neiphig us to improve the services we pr	ovide to our patients and their familie	25.	
Please mark the box that be	st describes the quality of your	experience at this	facility.
Scale Definition: 1-Poor 2-Be	low Average 3-Average 4 Good 5	i-Excellent N=Not Ap	plicable
 Reception and registration proces Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of th Your overall confidence in the car Overall experience at the facility 	before your procedure during your procedure after your procedure e facility	1 2 3	
Please mark the box	to indicate YES or NO to the f	ollowing questions.	
9. Would you recommend the facilit10. Did you receive discharge instru11. Were the instructions clear?	y to family members or friends?		× × × × × × × × × × × × × × × × × × ×
		1 to 1	
	FACILITY USE ONLY		
Date of Service OB - 29 - 13	Primary Payor ID	Physician ID Patient Accou	nt #
0264 Do not write or mark in this box.	Copyright 2004 Health Inventures		51403



What did you like best about your experience at the facility?

This was my first colonoscopy, and the entire Staff put me at ease. Everyone was friendly. Very important for anyone that is nervous about the procedure.

What did you like least about your experience at the facility?

Well, I never like having am IV put in. But that's a necessary part!

Any other comments?

I can't which of anything that could have been done better. Thanks!







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that be	st describes the quality of your	experience at this facility.
Scale Definition: 1-Poor 2-Be	low Average 3-Average 4-Good 5	-Excellent N=Not Applicable
 Reception and registration proces Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of th Your overall confidence in the care Overall experience at the facility 	before your procedure during your procedure after your procedure e facility e provided to you by the staff	1 2 3 4 5 N
9. Would you recommend the facilit 10. Did you receive discharge instru 11. Were the instructions clear?		ollowing questions. Y N \(\) \(\
Date of Service OB-27-13 O264 Do not write or mark in this box.	FACILITY USE ONLY Primary Payor ID Copyright 2004 Health Inventures	Physician ID Patient Account #



What did you like best about your experience at the facility?

FRIENDLY AND PROFESSIONAL STAFF

What did you like least about your experience at the facility?

NO COMPLAINTS - NO WORKIES

Any other comments?

TSUCCESTED TO LINDA AMINOR CLARIFICATION OF PREPARATION INSTRUCTIONS REGISERY STREP 445







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that be	st describes the quality of your e	xperience at this facility.
Scale Definition: 1-Poor 2-Bel	ow Average 3-Average 4-Good 5-E	xcellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of the Your overall confidence in the care Overall experience at the facility 	before your procedure during your procedure after your procedure e facility	1 2 3 4 5 N
Please mark the box	to indicate YES or NO to the fol	lowing questions.
9. Would you recommend the facilit10. Did you receive discharge instructions clear?	ctions?	
<i>S</i> /	7	hampion
	FACILITY USE ONLY	
Date of Service 08-27-13	Primary Payor ID	Physician ID Patient Account #
0264 Copyright 2004 Health Inventures Do not write or mark in this box.		



what aid you like best about your experience at the facility?
Stapions great! Dr. Rectarious professional, Caring, and informative!
Ching, and informative!
What did you like longt about
What did you like least about your experience at the facility?
n/a
•
Any other comments?
a very positive experience!







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and malling it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Be	low Average 3-Average 4-Good	5-Excellent N=Not Applicable
1. Reception and registration proces 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the car 8. Overall experience at the facility	before your procedure f during your procedure f after your procedure he facility	
Please mark the bound of the facility of the second of the facility of the fac		Y N
	FACILITY USE ONLY	
Date of Service	Primary Payor ID Copyright 2004 Health Inventure	Physician ID Patient Account # s 51403



What did you like best about your experience at the facility?
Caliber and expertise of philician and nursing stoff. Convenience of scheduling and approval by actual.
Convenience of Scheduling and anomore and best
gant approve og allen.
·
What did you like least about your experience at the facility?
No short cowings or items needing improvement.
ingrovement.
·
Any other comments?
would highly recommend to friends and family.
,





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Be	low Average 3-Average 4-Good :	5-Excellent N=Not Applicable
1. Reception and registration proces 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the car 8. Overall experience at the facility Please mark the box	f before your procedure f during your procedure f after your procedure e facility	1 2 3 4 5 N
9. Would you recommend the facilit 10. Did you receive discharge instru 11. Were the instructions clear?	•	
	FACILITY USE ONLY	
Date of Service O 2 6 4 Do not write or mark in this box.	Primary Payor ID Copyright 2004 Health inventures	Physician ID Patient Account # 51403



What did you like best about your ex	perience a	at the f	acility?		
SCHEDULED PROCEDULE CLAMAN EXPLAINED				mo	
Milhat did van like legat ekset verse					
What did you like least about your ex	(perience :	at the	racility?		
Any other comments?			· .,,,,		

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

Copyright 2004 Health inventures







GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Be	ow Average 3-Average 4-Good 5-I	Excellent N≃Not Applicable]
1. Reception and registration proces 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the can 8. Overall experience at the facility	before your procedure during your procedure after your procedure e facility	1 2 3 4 5 N	Cesces los de la constante de
Please mark the bo	cto indicate YES or NO to the fo	llowing questions.	1
9. Would you recommend the facilit	y to family members or friends?	oxtimes	
10. Did you receive discharge instru	clions?	oxtimes	
11. Were the instructions clear?			
	FACILITY USE ONLY		ı
Date of Service	Primary Payor ID	Physician ID	.
08-23-13]
0 2 6 4	Copyright 2004 Health Inventures	Patient Account #] .
Do not write or mark in this box.		51403	
			E



What did you like best about your experience at the facility?	
The friendly rurse prior to my procedure. She was wonderful. (Her name begannish"'n	u?
The Roc was great 400.	
Thankyon!	
What did you like least about your experience at the facility?	
Lewes pretty crampy after I get have)	
Any other comments?	
experiencel a colonosecpy. I word when, it wasn't a big deal and go get one done.	

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

Copyright 2004 Health Inventures







GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility. Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility Please mark the box to indicate YES or NO to the following questions. 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear? **FACILITY USE ONLY** Physician ID Date of Service **Primary Payor ID** Patient Account# Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about your experience at the facility?

DR. JENSEN'S ATTENTION TO DETAIL 4

AIS SENSE OF LUMOR RELAXES THE

SITUATION,

What did you like least about your experience at the facility?

NOTHING

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

Copyright 2004 Health Inventures









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that bes	t describes the quality of your	experience at this facili	ity.	
Scale Definition: 1-Poor 2-Belo	ow Average 3-Average 4-Good 5	-Excellent N≕Not Applica	ble	
		1 2 3 4	5 N	
 Reception and registration process 			\square	
2. Care provided by the nursing staff i	pefore your procedure		\square	
3. Care provided by the nursing staff	during your procedure		\boxtimes	
4. Care provided by the nursing staff	after your procedure		\boxtimes	
5. Protection of your privacy				
6. Cleanliness and appearance of the	facility			
7. Your overall confidence in the care	provided to you by the staff		\square	
8. Overall experience at the facility			$\overline{\mathbf{A}} \overline{D}$	
Please mark the box	to indicate YES or NO to the for	ollowing questions.	N.I.	
9. Would you recommend the facility	to family members or friends?	r \forall	N	
10. Did you receive discharge instructions?			, <u> </u>	
11. Were the instructions clear?	[Z			
the mondonome distri-	LZ.	, []		
	FACILITY USE ONLY			
Date of Service	Primary Payor ID	Physician ID		
			<u> </u>	
(No) - (110) - (113)		Definet Apparent #		
OOCA		Patient Account #	1 - 1 - 1 -	
Copyright 2004 Health Inventures		<u> </u>		
Do not write or mark in this box. 51403				
				



What did you like best about your experience at the facility?
What did you like least about your experience at the facility?
, admity;
Any other comments?





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-Below	Average 3-Average 4-Good 5-E	xcellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff be Care provided by the nursing staff du Care provided by the nursing staff aff Protection of your privacy Cleanliness and appearance of the factories Your overall confidence in the care p Overall experience at the facility 	ering your procedure ter your procedure acility	
Please mark the box to 9. Would you recommend the facility to 10. Did you receive discharge instruction. Were the instructions clear?		llowing questions. Y N
Date of Service	FACILITY USE ONLY Primary Payor ID	Physician ID Patient Account #
Do not write or mark in this box.	Copyright 2004 Health Inventures	51403



What did you like best about your experience at	the facility?
What did you like least about your experience at t	he facility?
·	
	•
Any other comments?	
·	

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

Copyright 2004 Health Inventures





TURNER POBY 6618





Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-	Below Average 3-Average 4-Good 5	-Excellent N=Not Applicable
 Reception and registration proces. Care provided by the nursing state. Care provided by the nursing state. Care provided by the nursing state. Protection of your privacy. Cleanliness and appearance of Your overall confidence in the case. Overall experience at the facility. 	aff before your procedure aff during your procedure aff after your procedure the facility are provided to you by the staff	1 2 3 4 5 N
Please mark the b	ox to indicate YES or NO to the fo	llowing questions.
9. Would you recommend the fac10. Did you receive discharge inst11. Were the instructions clear?	-	
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID
08-12-13		
0264	Copyright 2004 Health Inventures	Patient Account #
Do not write or mark in this box	•	51403



What did you like best about your experience at the facility?

It was done guickly no pain after ward on discomfort

What did you like least about your experience at the facility?

Eveny thing was alright

Any other comments?

It's the terrible medicine you have to take to a lean you out. YAK - YOK (O O)







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that be	st describes the quality of you	ir experience at this facility.
Scale Definition: 1-Poor 2-Bel	ow Average 3-Average 4-Good	5-Excellent N=Not Applicable
,		1 2 3 4 5 N
 Reception and registration process 	5	
2. Care provided by the nursing staff	before your procedure	
3. Care provided by the nursing staff		
4. Care provided by the nursing staff	after your procedure	
5. Protection of your privacy		
6. Cleanliness and appearance of the	e facility	
7. Your overall confidence in the care	provided to you by the staff	
8. Overall experience at the facility		
Please mark the box	to indicate YES or NO to the	following questions
9. Would you recommend the facility 10. Did you receive discharge instructions clear?	y to family members or friends?	
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID
08-115-113		
0264 Do not write or mark in this box.	Copyright 2004 Health Inventures	Patient Account #



What did y	ou like best about yo	ur experier	ice at the fa	cility?	A	<i>n.</i> 1
Very	informative	and	coring	and	Juan	lly-
What did y	ou like least about yo	our experie	nce at the f	acility?	· 	
0						
Any other	comments?					
Ther	for a pointe	Moeries))	J. W.		







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-B	elow Average 3-Average 4-Good 5	5-Excellent N=Not Applicable
 Reception and registration proces Care provided by the nursing staf Care provided by the nursing staf Care provided by the nursing staf Protection of your privacy Cleanliness and appearance of th Your overall confidence in the car Overall experience at the facility 	if before your procedure if during your procedure if after your procedure ne facility	1 2 3 4 5 N
Please mark the bo	x to indicate YES or NO to the fo	ollowing questions.
Would you recommend the facili Did you receive discharge instru Were the instructions clear?		
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID
08-02-13		
		Patient Account #
0 2 6 4	Copyright 2004 Health Inventures	
Do not write or mark in this box.		51403



		t about your WERE	11ER	ノーデデリセ	1 N P Y	AND TH	MADE 5
州巨	FEEL	NERY	J4 T	EASE	premi	, , ,	_
PROC	巨DURE	-					

What did you like least about your experience at the facility?

THERE WAS NOTHING

Any other comments?

I WOULD HIGHLY RECOMMEND YOUR FACILITY
THANK YOU FOR EVERYTHING







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-B	elow Average 3-Average 4-Good 5	-Excellent N=Not Applicable
1. Reception and registration proces 2. Care provided by the nursing stat 3. Care provided by the nursing stat 4. Care provided by the nursing stat 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the cal 8. Overall experience at the facility	ff before your procedure ff during your procedure ff after your procedure ne facility	
Please mark the bo	x to indicate YES or NO to the fo	llowing questions.
Would you recommend the facili Did you receive discharge instru Were the instructions clear?		
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID Patient Account #
0 2 6 4 Do not write or mark in this box.	Copyright 2004 Health Inventures	51403



What did you lik	e best about your	experience at ti	ne facility?		- A
all of H everythi early	e best about your le Staff u ng. The	ices gre ey made	the u	mey e hote ,	riocess
What did you li	ke least about you	r experience at	the facility?		
NA					
	:				
Any other con	ments?				
1	:				

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

	biourge to our barreture and men families	
Please mark the box that b	pest describes the quality of your	experience at this facility.
Scale Definition: 1-Poor 2-E	Selow Average 3-Average 4-Good 5-	Excellent N=Not Applicable
 Reception and registration process. Care provided by the nursing stance. Care provided by the nursing stance. Care provided by the nursing stance. Protection of your privacy. Cleanliness and appearance of the cance. Your overall confidence in the cance. Overall experience at the facility. 	ff before your procedure ff during your procedure ff after your procedure he facility	1 2 3 4 5 N
Please mark the bo	x to indicate YES or NO to the fol	lowing questions.
Would you recommend the faciling Did you receive discharge instructions clear?	ity to family members or friends?	У N М П М П
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID Patient Account #
0264	Copyright 2004 Health Inventures	
Do not write or mark in this box.		51403



What did you like best a	bout your experience at the facility?
The nurs efficient, one comp good han	ing staff is so caring and also Dr. Jensen's demeanor makes outable. You know you are in do!
What did you like least	about your experience at the facility?
:	
:	
Any other comments?	

51403







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Scale Definition: 1-Poor 2-E	Below Average 3-Average 4-Good 5	-Excellent N=Not Applicable
 Reception and registration proces Care provided by the nursing states Care provided by the nursing states Care provided by the nursing states Protection of your privacy Cleanliness and appearance of terms Your overall confidence in the case Overall experience at the facility 	aff before your procedure aff during your procedure aff after your procedure the facility	1 2 3 4 5 N
9. Would you recommend the facil 10. Did you receive discharge instr 11. Were the instructions clear?	•	Illowing questions. Y N X X X X X X X X X
	FACILITY USE ONLY	Limit Language
Date of Service	Primary Payor ID	Physician ID Patient Account #
0264 Do not write or mark in this box.	Copyright 2004 Health Inventures	51403



What did you like best about your experience at the facility?
Everyone was so fundly Everyone showed so much Cace getting a person ready for their procedure Thanks to ALL.
What did you like least about your experience at the facility?
·
•
Any other comments?



DBI, EK





Gl and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

helping us to improve the services we provide to our patients and their families. Please mark the box that best describes the quality of your e	xperience at this facility.
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-E	xcellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff before your procedure Care provided by the nursing staff during your procedure Care provided by the nursing staff after your procedure Protection of your privacy Cleanliness and appearance of the facility Your overall confidence in the care provided to you by the staff Overall experience at the facility 	1 2 3 4 5 N
Please mark the box to indicate YES or NO to the following	- '
9. Would you recommend the facility to family members or friends?10. Did you receive discharge instructions?11. Were the instructions clear?	
Primary Payor ID O264 Copyright 2004 Health Inventures Do not write or mark in this box.	Physician ID Patient Account # 51403



What did you like best about your experience at the facility?

Mark 4	my son so well. you guys where are great
Care B	my son so well.
He stated	you guys where all great
to heno	
What did you like least at	oout your experience at the facility?
,	
) }	NA
	•
Any other comments?	
	NIA
	NIA









Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility. Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable 1. Reception and registration process Care provided by the nursing staff before your procedure Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility Please mark the box to indicate YES or NO to the following questions. 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear? **FACILITY USE ONLY** Date of Service Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you	u like best about y	our experience a	it the facility?		
The	u like best about y War m	Blanke	<i>f</i>		
j					
What did yo	u like least about	your experience			
The	Needle	in my	hand.		
	· · · · · · · · · · · · · · · · · · ·				
Any other o	comments?		· ,	<u> </u>	
No					
					

Copyright 2004 Health Inventures







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

	Turnillant Netton Applicable
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-E	XCGIIGUT M-MOT Whitegrae
 Reception and registration process Care provided by the nursing staff before your procedure Care provided by the nursing staff during your procedure Care provided by the nursing staff after your procedure Protection of your privacy Cleanliness and appearance of the facility Your overall confidence in the care provided to you by the staff Overall experience at the facility 	
Please mark the box to indicate YES or NO to the fo	ollowing questions.
9. Would you recommend the facility to family members or friends?10. Did you receive discharge instructions?11. Were the instructions clear?	
FACILITY USE ONLY	
Date of Service Primary Payor ID	Physician ID Patient Account #
O264 Copyright 2004 Health Inventures	51403
Do not write or mark in this box.	



What did you like best about your experience at the facility?
Transly.
What did you like least about your experience at the facility?
none
Any other comments?
Mand your Shortedge

