



# M24U DME Patient Experience & Feedback Form

At M24U DME, your feedback is essential to us. We strive to deliver the best care and durable medical equipment solutions possible. Please complete this short survey to let us know about your recent experience. Your input helps us continue to improve our service to you and future patients.

Patient Name: \_\_\_\_\_

Date of Delivery: \_\_\_\_\_

Items Provided: \_\_\_\_\_

Delivered By: \_\_\_\_\_

1. Was your order delivered on time?

Yes

No

2. Did you receive clear instructions on how to use the equipment/supplies?

Yes

No

3. Were all of your questions or concerns addressed?

Yes

No

4. Did we provide warranty or repair details?

Yes

No

5. Was our return/exchange policy explained?

Yes

No

6. Were you informed about how to submit a complaint if needed?

Yes

No

7. Would you recommend M24U DME to others?

Yes

No

How would you rate your overall satisfaction with the service experience?

• Excellent

• Good

• Fair

• Poor

How do you feel Medicare's rules regarding medical equipment affect your access to needed products and services?

• Excellent

• Good

• Fair

• Poor

How would you rate your satisfaction with the delivery experience?

• Excellent

• Good

• Fair

• Poor

Additional Comments:

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



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Additional Comments:

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