

Dear Patient or Family Member:

Recently, Alliance Mobile Health had the opportunity to be of service to you. It is our commitment to evaluate our performance so we can better serve you in the future.

Please take a few minutes to answer the following questions. Your comments will remain anonymous unless you wish to include your name and address. **If you do include your name, it may be posted in a place for public viewing.**

By taking the time to fill out this survey, you will assist us in achieving our goal of continuing to provide the highest quality medical services to you and the communities we serve.

Thank you.

Sincerely,



Laurie A. Thiel, C.E.O., Alliance Mobile Health



Please rate our services using the scale below each question:

1. Overall, how would you rate the services provided?
 Excellent Good Poor Don't know
2. Was the medical dispatcher courteous and helpful?
 Excellent Good Poor Don't know
3. Did the ambulance arrive in a timely manner?
 Excellent Good Poor Don't know
4. How would you rate the paramedics explanation of procedures?
 Excellent Good Poor Don't know
5. Did the paramedics treat you in a kind and courteous manner?
 Excellent Good Poor Don't know
6. Was the condition of the ambulance clean and presentable?
 Excellent Good Poor Don't know
7. If you called the billing office, were they helpful in answering your question?
 Excellent Good Poor Don't know

Please use the following to make any comments you have concerning our service. We are interested in positive comments as well:

If you would like us to respond to your comments, please include:

Name: _____ Phone number: _____
Address/City/State/Zip: _____

Mail to: AMH, Patient Satisfaction Dept., 2045 Austin Drive, Troy, MI 48083