

Quality is very important to us. Your feedback is welcomed and appreciated.

Please take a moment and complete the survey below immediately following the examination. We are interested in your feedback about your experience with ExamWorks Group's service and quality. Please return the completed survey to: ExamWorks Group, Inc., Client Satisfaction Department, 3280 Peachtree Road NE 2625, Atlanta, GA 30305. Please note that your response is for quality control purposes only. Your feedback may be used to improve ExamWorks Group quality control policies and procedures. The independent examiner does not and will not have access to your survey responses. **ExamWorks Group File ID Number is:** _____

On a scale of 1 to 5: -1- Dissatisfied; -2- Somewhat Dissatisfied; -3- Neutral; -4- Satisfied; -5- Very Satisfied

- Please rate the ExamWorks Group representative's effectiveness and knowledge.
1____ 2____ 3____ 4____ 5____
 - Were the necessary details provided to you regarding the independent medical exam by ExamWorks Group?
Yes____ No____
 - If follow-up was required did ExamWorks Group personnel follow-up in a timely manner?
Yes____ No____
 - Did you request to have your independent medical exam time or location changed?
Yes____ No____ If yes, was the change accommodated?
Yes____ No____
 - Did the ExamWorks Group representative help you resolve the situation to your satisfaction?
Yes____ No____
 - Was ExamWorks Group's customer service representative professional and courteous?
1____ 2____ 3____ 4____ 5____
 - Were you provided directions to the exam location?
Yes____ No____
 - How satisfied were you with the ExamWorks Group representative's explanation regarding why you needed to attend and who requested the independent medical exam?
1____ 2____ 3____ 4____ 5____
 - Were you notified by mail of the appointment?
1____ 2____ 3____ 4____ 5____
 - Were you called to confirm the appointment a few days before?
Yes____ No____
 - How satisfied were you with the overall experience with ExamWorks Group?
1____ 2____ 3____ 4____ 5____
 - How satisfied were you with the overall independent medical exam quality?
1____ 2____ 3____ 4____ 5____
 - Were you informed that the independent medical exam did not constitute a relationship with the examining health care provider?
Yes____ No____
 - Was the purpose of the exam explained to your satisfaction?
Yes____ No____
 - Did the examining health care provider take a history during the evaluation?
Yes____ No____
 - During the exam did the health care provider take notes as you talked about your condition?
Yes____ No____
 - Were you asked how you became injured or about the onset of the illness?
Yes____ No____
 - How satisfied were you with the professionalism of the examiner?
1____ 2____ 3____ 4____ 5____
 - How long did the examination take? _____
 - Do you feel that you were examined comprehensively?
Yes____ No____
- Examining Office:**
- How satisfied were you with the office staff? (Were they professional and helpful?)
1____ 2____ 3____ 4____ 5____
 - How satisfied were you with the time you had to wait to be examined?
1____ 2____ 3____ 4____ 5____
 - How satisfied were you with the examining office? (Was the waiting area clean and professional?)
1____ 2____ 3____ 4____ 5____
 - Please indicate your overall satisfaction with the experience?
1____ 2____ 3____ 4____ 5____