

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

1) How would you rate your experience with \_\_\_\_\_  
supplier that you recently purchased your \_\_\_\_\_ from?  
(name of Durable Medical Equipment Contract Supplier)  
(indicate the type of Durable Medical Equipment)

- Excellent  Very Good  Good  Fair  Poor

2) When you first ordered your \_\_\_\_\_ how long did it take before you received it?  
(indicate the type of Durable Medical Equipment)

- Same day  Between 1 and 2 days later  Between 3 and 4 days later  
 Between 5 and 7 days later  More than 1 week later

3) How would you rate the training you, or the person who takes care of you, received from \_\_\_\_\_  
\_\_\_\_\_ regarding the \_\_\_\_\_  
(name of Durable Medical Equipment Contract Supplier) (indicate the type of Durable Medical Equipment)  
you recently purchased.

- Excellent  Very Good  Good  Fair  Poor

I didn't get any training from the supplier regarding \_\_\_\_\_  
(indicate the type of Durable Medical Equipment)

4) Have you had any major problems with the equipment?  Yes  No

5) Have you contacted \_\_\_\_\_  
with a complaint or problem? (name of Durable Medical Equipment Contract Supplier)  Yes  No

To whom did you address your complaint? \_\_\_\_\_

What was the nature of your complaint? \_\_\_\_\_

On what date did you register a complaint? \_\_\_\_\_

Was your complaint or problem settled to your satisfaction?  Yes  No I am waiting for it to be settled

6) Do you continue to use this \_\_\_\_\_  
on an on-going basis? (indicate the type of Durable Medical Equipment)  Yes  No

If you do not continue to use this \_\_\_\_\_,  
is this due to a problem with the \_\_\_\_\_?  
(indicate the type of Durable Medical Equipment)  Yes  No

Did your physician order a different type of \_\_\_\_\_?  
(indicate the type of Durable Medical Equipment)  Yes  No

7) Would you recommend \_\_\_\_\_ to a friend?  Yes  No  
(name of Durable Medical Equipment Contract Supplier)

If completing this form as a proxy for the beneficiary, please respond to the following questions:

Are you a caregiver for the beneficiary? \_\_\_\_\_

Are you a medically-trained caregiver? \_\_\_\_\_

What is your relationship to the beneficiary? \_\_\_\_\_