PHYSICIAN SATISFACTION SURVEY

Dear Doctor

Alternative Home Health Care, LLC strives to provide the most skilled and supportive care to your patients. We hope you will take a few minutes to share your thoughts about our care and services. Your experience will help us to continually improve the quality of services and care that we offer. We look forward to hearing from you and thank you in advance for your comments.

1. How would you rate the overall care your patients receive from our staff?

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<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Needs Improvement</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>Nursing</td>
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<td>Physical Therapy</td>
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<td>Occupational Therapy</td>
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<td>Speech Therapy</td>
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<td>Social Worker</td>
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<td>Home Health Aide</td>
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If you rate any of the above staff "Needs Improvement", please explain:

________________________________________________________________________

2. Do you feel we provided services to you patients in a timely manner? YES NO
3. Were phone calls handled promptly and efficiently? YES NO
4. Were you satisfied with the way in which you received information regarding your patient? YES NO
5. Based on the care that your patients receive, would you recommend our services to other physicians? YES NO
6. Do you have any other suggestions or comments regarding ways in which we can provide better services? Comments:

________________________________________________________________________

7. Are there ways we can make it easier for you to make a referral to our agency? YES NO
   Please explain:

________________________________________________________________________

8. Are there any other services you would like to see us offer your patients? YES NO
   Please explain:

________________________________________________________________________

Thank you for your referrals and your confidence in Alternative Home Health Care, LLC. If you would like further information, please contact the Home Health Manager at 978-657-7444.

Sincerely,

Andrea Surette RN

Physician’s Name:(Optional) __________________________ Date:_____________