

New Braunfels Pediatric Associates
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Date:

Child's Name:

Account Number:

We have received your request for your children's medical records to be forwarded to your new doctor. Thank you for the opportunity we have had to serve your family. Please take a moment to fill out this brief survey. Your answers are important in planning the medical services that we provide to this community.

1. Did you find it easy to get to our office? Yes No Too far to travel
Was there enough parking? Yes No
2. How about reaching us by telephone?
Did we usually answer by the Third Ring Fifth Ring Longer Placed on hold too long?
3. Did you have to wait a long time before being seen by the doctor? Yes No
4. Do you feel that you got polite, friendly service from our staff? Yes No
5. Do you feel that our fees are: Fair Too High? Too Low?
6. Do you have any positive or negative comments for us? _____

7. What would you like to tell us that we haven't asked you so far? _____

8. Was your reason for leaving due to insurance changes? (Example: Our doctor is no longer a network physician) Yes No If so, may we ask which insurance company you are participating with?

Thank you for your help and cooperation. Please return this form in the postage-paid envelope. Your opinions are important to us, and will help us to provide better service to our patients. If we may be of any assistance to you in the future, please do not hesitate to ask.

Sincerely,

New Braunfels Pediatric Associates