



**NBN
Infusions**
A DIVISION OF THE NBN GROUP

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CUSTOMER SATISFACTION SURVEY

The NBN staff members are very grateful for your business and want to make sure that we have met all of your needs. Our goal is to exceed your expectations at every opportunity. Please take the time to complete this questionnaire and return it to us.

On a scale from 1-5, with 5 being superior and 1 being poor, please rate NBN on these areas:

Place a check mark for the score that applies	5 Superior	4 Good	3 Average	2 Fair	1 Poor
The ability to get everything that your physician ordered and covered by your insurance carrier.					
Your awareness of all of the products and services that the NBN Group offers.					
NBN's business practices, Customer Service provided, and the products offered.					
Courtesy and respect from our staff members.					
Would you recommend us to your family or friends?	Absolutely		Perhaps		No
When NBN contacted you, how long did it take for you to get services, equipment, supplies or advice?	Same Day		7 Days		14 Days

We would appreciate knowing if there was a staff member who provided you with outstanding service.
Name of NBN staff member: _____

Comments: _____

Would you like to receive a contact call made to you to discuss your quality of services? YES / NO

Name of person completing survey (OPTIONAL): _____

Phone Number: _____ Patient Name: _____

Thank you for your participation. Please return this questionnaire in the mail as soon as possible or return it to the Receptionist or other NBN Group representative.

FOR OFFICE ONLY