

## CUSTOMER SATISFACTION SURVEY

Our goal is to continuously improve our products and service to meet or exceed your needs. Your input is important to us and provides a means of feedback so that we can take action to provide total customer satisfaction. Thank you for completing this survey!

1. Has the patient had a chance to use the equipment?

YES    NO

2. Were you satisfied with your equipment or supply purchase/rental?

YES    NO

3. I received education on how to use the equipment or supplies?

YES    NO

4. Did Kohl's take care of my needs and meet my expectations?

YES    NO

5. If you had a question or concern, was it addressed in a timely manner?

YES    NO

6. Did you receive a patient information packet (Medicare Only) YES    NO  
(including your Patient rights and responsibility, Notice of Privacy practice, and how to submit a complaint)

Additional Comments on how Kohl's can improve service:

Kohl's Location \_\_\_\_\_ Patient Code: \_\_\_\_\_

Customer Name and Phone: (if you would like to be contacted)

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Please return this survey to any Kohl's Rx location or you can mail or email to the following:

Kohl's Rx  
12741 Q Street  
Omaha, NE 68137  
Attention: Denise White

[dwhite@kohls.com](mailto:dwhite@kohls.com)

Office Use - Select Service Type:		
Mobility	Compression	Respiratory
Orthotics	Delivery	Repairs