

ANCHORAGE NUEROSURGICAL ASSOCIATES, INC.

3831 Piper Street, Suite S450

Anchorage, AK 99508

Phone 907-258-6999

Fax 907-258-6247

Patient Survey

Thank you for taking the time to take our survey to help us improve!

Please check one of the following

My appointment today is with:

- Estrada Bernard, MD
- Timothy Cohen, MD
- Louis Kralick, MD
- Erik Kussro, DO
- Benjamin Rosenbaum, MD
- Audrey Kelley BCHS, PA-C
- Jennifer Hermanson, MPAS, PA-C
- Jennifer McGrath, MSN, ANP, FNP-BC
- Maria Cristy Murray, MSN, ANP, FNP-C
- Darcie Sorensen, MPAS, PA-C
- Kacie Tempel, MMS, PA-C
- Sophie Walsh MPAS, PA-C
- Nurse – Wound Check
- Pre-Operative (no provider)

I am a:

- New patient
- Returning patient (seen in clinic or hospital previously)

Ease of scheduling my appointment:

- Very good
- Good
- Neutral
- Poor
- Very Poor

Comments:

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Helpfulness of staff upon arrival:

- Very good
- Good
- Neutral
- Poor
- Very poor

Comments:

Helpfulness of staff during my visit:

- Very good
- Good
- Neutral
- Poor
- Very poor

Comments:

Amount of time spent with the provider:

- Very good
- Good
- Neutral
- Poor
- Very poor

Comments:

The provider answered all of my questions:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Comments:

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The billing process was explained clearly:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Comments:

The checkout process went quickly and smoothly

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Comments:

The provider performed a physical examination

- Yes
- No

Please write any comments, concerns, compliments, or suggestions you would like to share:

Please let a staff member know if you would like your name associated with your responses.

This is not required and will not affect your care in any way.

Office Use Only

Survey ID: _____.