

We use Angie's List to assess whether we're doing a good job keeping valued patients like you happy.

Please fill out this review card, or a review at **AngiesList.com/review**, in order to grade our quality of care and give feedback on your experience. **Reporting on us is quick, easy & fun!**

Step 1. Your Information

(E-mail and personal information required for report confirmation)

Name: _____ Phone: (_____) _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____

Step 2. Provider Information

Provider Name: _____ Provider Phone: (_____) _____
Provider Address: _____ City: _____ State: _____ Zip: _____

Step 3. Provider Review

Did the provider perform services? Y N

Approximate service date: _____

Please describe (in detail) the services performed:

How did it go overall? Tell us the story from start to finish:

(example: Dr. Smith was punctual and very caring, but seemed rushed)

	A	B	C	D	F	N/A
Overall Experience:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Availability:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office Environment:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctuality:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Friendliness:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bedside Manner:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Treatment:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing and Administration:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you use this provider/practice again in the future? Y N

Signature: _____

Date: _____

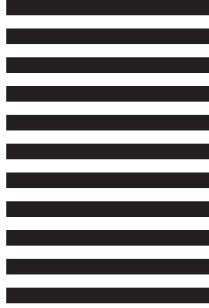
I confirm that the information contained in this Service Evaluation Form (i) is true and accurate and (ii) represents my actual first-hand experience, or experience which I am authorized to discuss. I acknowledge and understand my responsibilities under the Angie's List Membership Agreement, and that Angie's List is relying upon the accuracy of the information in order to serve other members. I confirm that I do not work for, am not in competition with, and am not in any way related to the service provider in this report. I acknowledge that my name, address and this report information will be available to the service provider being rated.

Angie's list
Health+

1030 E. Washington Street
Indianapolis, IN 46202
1-866-843-LIST (5478)
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