EMP
Medical Services
305-446-4521 or 800-225-6755

Patient Education

Date:

Time: _____**a.m. / p.m.**

Patient's Last Name:

First Name:

DOB: **SSN#:** **Telephone #:**

Address:

Bldg. # **Apt #**

City: **State:** **ZIP:**

Hello, may I please speak to Mr./Mrs./Ms.: _____ . My name is: _____ and I work with EMP Medical Services, Inc. We are the company contracted by your health plan to coordinate home care services. Mr./Mrs./Ms.: _____ can you please verify your SSN, Address and Telephone #. Thank You.

I am calling to inform you that we have coordinated:

☐Home Medical Equipment ☐Supplies ☐Nursing/Therapy ☐Home Infusion ☐Pharmacy/Injectables

Services
Provider Name

If you should have any questions or concerns please contact me directly at:

Toll Free: 1-800-225-6755
Telephone: 305-446-4521

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Patient Survey

Date:

Time: _____**a.m. / p.m.**

Hello, may I please speak to Mr./Mrs./Ms.: _____ . My name is: _____ and I work with EMP Medical Services, Inc., the company that coordinated your home care services. Do you have a moment to answer a few questions regarding the home care services you are receiving? (If yes, verify SSN, Address and Telephone # and proceed to provide instructions). (If no, apologize for inconvenience find out if there is a better time to call back and conclude call).

Instructions: I will read a few questions and please respond by answering Yes or No.

Patient Survey Questions – HOME CARE / HOME MEDICAL EQUIPMENT	Yes	No	N/A
1. Were your needs for home care services and type of home care services you should receive explained by your physician or discharge planner at the hospital?			
2. Did home care personnel describe the type of care that would be provided and proper use of equipment?			
3. Did home care personnel/medications/equipment arrive at expected time?			
4. Was personnel courteous, friendly and helpful?			
5. Was appearance of personnel professional?			
6. Did personnel bring all necessary supplies for your care?			
7. Were instructions provided by personnel easy to follow?			
8. Are you satisfied with the services?			

Thank you for taking the time to respond to our survey. Your response will help us ensure that we are coordinating quality services. Please remember to contact EMP if you should have any questions regarding the services you are receiving.

*** Patient's representative should be treated same as patient. Authority and identity of patient representative must be verified with patient. Identity must be verified same as patient.**