

CLIENT SATISFACTION SURVEY

(Check List)

Client Name: _____ Billing Partner: _____

Obtained approval from client: ____ / ____ / ____

Scheduled survey on: ____ / ____ / ____

Conducted survey on: ____ / ____ / ____

Discussed survey results with billing partner and identified follow-up strategy:

Completed: ____ / ____ / ____

Implemented follow-up: ____ / ____ / ____

