## **Employer Medical Assistance (EMA) Program**



## We Welcome Your Comments!

Please take this opportunity to let us know if we have met your needs or how we may better serve you and your family. Or perhaps you would like to commend on the care or service of one staff member in particular.

We appreciate your feedback and thank you in advance for taking the time to share your feedback.

Date of Service:	
Please indicate the Swedish Campus you visited	l:
	Hill ☐ Issaquah ☐ Lake Sammamish ☐ edmond ☐
Did you visit one of our Emergency Room? Ye	s 🗌 No 🗌
Or, please indicate the Primary Care Clinic you	risited:
☐ Birth and Family Clinic	Swedish HealthCare For Women Clinic
☐ Swedish Ballard Primary Care	Swedish Internal Medicine at Edmonds
☐ Swedish Central Seattle Primary Care	☐ Swedish Issaquah Primary Care
☐ Swedish Children's Clinic	☐ Swedish Magnolia Primary Care
☐ Swedish Cle Elum Primary Care	Swedish Mill Creek Primary Care
☐ Swedish Community Health Medical Home	Swedish Pine Lake Primary Care
☐ Swedish Downtown Seattle Primary Care	Swedish Queen Anne Primary Care
☐ Swedish Factoria Primary Care	☐ Swedish Redmond Primary Care
☐ Swedish Family Medicine - Cherry Hill	☐ Swedish Snoqualmie Primary Care
☐ Swedish Family Medicine - First Hill	Swedish South Lake Union Primary Care
☐ Swedish Greenlake Primary Care	Swedish West Seattle Primary Care
☐ Business Health Link ☐ Other loca	ntion or clinic (s):
Provider (s):	
• •	
Please evaluate your satisfaction with the follow Feedback	
How would you rate the EMA service overall?	Excellent Good Fair Poor Other
	Yes No
Were you contacted by the EMA team within 24 hr	
Were you satisfied with the timeline of the scheduled services?  Was our staff courteous and helpful?	
Did you receive your needed reports or return to work documents in a timely matter?	
Are there any billing issues that need to be resolved?	
Would you like to meet our management team, tou Would you recommend our EMA Program to other	r our facilities or meet soon?
Other / Comments:	employers or organizations: _ i
other, comments.	
Your Name (optional): Ph	one Number: Email:
Are you an EMA / BHL Client? Yes \( \Boxed{1}\) No \( \Boxed{1}\)	Company Name:
May we contact you? Yes ☐ No ☐	
	Thanks!