

Annexe 2: Satisfaction Letter on Discharge

Date:

Beneficiary Name and Ref ID:

Hospital Name and District:

Hospital Unique ID:

Dear Beneficiary,

You have received services in this hospital under PM-JAY. You are requested to share your opinion about the quality of services, which you experienced, while visiting the hospital. You can drop the sealed questionnaire in the Suggestion box or hand over to the Pradhan Mantri Arogya Mitra (PMAM).

S.No.	Services (Please <input checked="" type="checkbox"/> tick appropriate box)	1 Poor	2 Satisfactory	3 Good	4 Excellent	No comments
1	Quality of service received at the hospital					
2	Overall cleanliness of the hospital					
3	Support provided by the PMAM					
4	Prescribed medicine being made available from the hospital at the time of discharge					
5	Your overall satisfaction with the treatment provided under PM-JAY					
6a	Was any money paid by you during treatment?	1 – Yes 2 – No 3 – No comments				
6b	Amount Paid (in Rs) (pl. specify)					
6c	Paid to whom	1 - Hospital 2 - PMAM 3 - Doctor 4 - Any other (pl. specify)				
6d	Reason for payment	1 - Doctor Fees 2 - Medicines 3 - Investigation 4 - Any other (pl. specify)				

(Signature of Beneficiary/Relative)

Thank you for your valuable inputs