

AMGA Medical Group Provider Satisfaction Survey 2026 Registration Form

Enter Group Information:			
Medical Group Information			
Name			
Address			
Primary Contact Information			
Name			
Title			
Phone Number			
Email			
Executive Sponsor Information	n		
Name			
Title			
Phone Number			
Email			
Select Survey Cycle:			
Survey Cycle Provider Satisfaction			
Cycle 1 (Winter) Register		oy 1.30.26	
Cycle I (Willely		ens 2.23.26	
Cycle 2 (Spring)	Register by 4.24.26 Survey Opens 5.18.26		
Cycle 3 (Summer)	Register by 7.10.26		П
Cycle 5 (Summer)	Survey Opens 8.3.26 Register by 10.2.26		
Cycle 4 (Fall)	Survey Opens 10.26.26		
Complete Group Demographic/Se	tup Information:		
Provider Count to be surveyed	_		
Practice Type		☐ Multispecial	ltv
		☐ Single Specialty	
Medical Group Ownership Type		☐ Independent ☐ Other ☐ System Affiliated	
Is your group interested in adding custom questions to the survey?		☐ Yes☐ No☐ Unsure	

Please submit the completed form to mwells@amgaconsulting.com. Receipt of completed form will be confirmed and followed-up with documentation, file requirements and scheduling of discussion around potential customization requests.