



AMGA Medical Group Provider Satisfaction Survey 2024 Registration Form

Enter Group Information:

Medical Group Information	
Name	
Address	

Primary Contact Information	
Name	
Title	
Phone Number	
Email	

Executive Sponsor Information	
Name	
Title	
Phone Number	
Email	

Select Survey Cycle:

	Survey Cycle	Provider Satisfaction
Cycle 1 (Winter)	Register by 1.29.24 Survey Opens 2.19.24	<input type="checkbox"/>
Cycle 2 (Spring)	Register by 4.22.24 Survey Opens 5.6.24	<input type="checkbox"/>
Cycle 3 (Summer)	Register by 7.8.24 Survey Opens 7.29.24	<input type="checkbox"/>
Cycle 4 (Fall)	Register by 9.30.24 Survey Opens 10.14.24	<input type="checkbox"/>

Complete Group Demographic/Setup Information:

Provider Count to be surveyed	
Practice Type	<input type="checkbox"/> Multispecialty <input type="checkbox"/> Single Specialty
Medical Group Ownership Type	<input type="checkbox"/> Independent <input type="checkbox"/> Other <input type="checkbox"/> System Affiliated
Is your group interested in adding custom questions to the survey?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.