AMGA Medical Group Provider Satisfaction Survey
2027 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 1.29.27 Survey Opens 2.22.27	☐
Cycle 2 (Spring)	Register by 4.23.27 Survey Opens 5.17.27	☐
Cycle 3 (Summer)	Register by 7.9.27 Survey Opens 8.2.27	☐
Cycle 4 (Fall)	Register by 10.1.27 Survey Opens 10.25.27	☐

Complete Group Demographic/Setup Information:

Provider Count to be surveyed	
Practice Type	☐ Multispecialty ☐ 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.