## On-Site Mobile Physical Therapy (Survey for Employers)

Link to Live Survey: <a href="https://www.surveymonkey.com/r/JLHYDQS">https://www.surveymonkey.com/r/JLHYDQS</a>

Solution   1000-2500   50-100   50-100   50-100   50-100   50-100   500-1000	ow many employees ar	re on site each day?
50-100   2500-5000   50-100   50-100   100-500   500-1000   100-500   500-1000   500-1000   500-1000   500-1000   500-1000   500-1000   500-1000   500-1000   500-1000   500-1000   500-1000   4. Which is sufficient to the self-funded health insurance?   Per	J   J	① 1000-2500
100-500   5000-10000   1000-5000   5000-10000   5000-10000   5000-10000   5000-10000   5000-10000   5000-10000   5000-10000   5000-10000   5000-10000   5000-100000   5000-1000000000   5000-1000000000000000000000000000000000		2500-5000
. Soo-1000  . Per		
4. Whice 3. How do you offer health insurance?  We provide health insurance plans  We provide self-funded health insurance  Other (please specify)  5. Do you have a parking lot or plot of land, that is within a short walking distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Yes  No  Other (please specify)  7. Do you have any questions or concerns about this new service?  8. What is the content of the day is a short walking distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Yes  No  Other (please specify)  8. What is the content of the day is a short walking distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Yes  No  Other (please specify)  8. What is the content of the day is a short walking distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Yes  No  Other (please specify)  8. What is the content of the day is a short walking distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Yes  No  Other (please specify)  8. What is the content of the day is a short walking distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Yes  No  Other (please specify)  8. What is the content of the day is a short walking distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Yes  No  Other (please specify)		<u> </u>
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We provide health insurance plans  We provide self-funded health insurance  Other (please specify)  5. Do you have a parking lot or plot of land, that is within a short walking distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Yes  No  Other (please specify)  7. Do you have any questions or concerns about this new service?  8. What is a short walking the parked for 4-10 hours of the day?  Yery  Some  No  Other (please specify)  8. What is a short walking the parked for 4-10 hours of the day?  Yery  Some  No  Other (please specify)  8. What is a short walking the parked for 4-10 hours of the day?  Yery  Some  No  Other (please specify)	n payment model would wo	rk the best for your company?
<ul> <li>We provide self-funded health insurance</li> <li>Other (please specify)</li> <li>Other (please specify)</li> <li>Other (please specify)</li> <li>Other (spease specify)</li> <li>Other (spease specify)</li> <li>Alf your questions or concerns are met, would you be interested in this service?</li> </ul>	Per Encounter Fee (Employee)	
Other (please specify)  5. Do you have a parking lot or plot of land, that is within a short walking distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Yes  No  Other (please specify)  7. Do you have any questions or concerns about this new service?  8. What is the day is a service is a short walking distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Very  Some  Neut	Per Encounter Fee (Employer)	
5. Do you have a parking lot or plot of land, that is within a short walking distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Yes  No  Other (please specify)  7. Do you have any questions or concerns about this new service?  8. What is one of the day?  Yery  Some of the day?  Neut	Base Rate (Employer) + Per Encounter Fee (Employee)	
5. Do you have a parking lot or plot of land, that is within a short walking distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Yes  No  Other (please specify)  7. Do you have any questions or concerns about this new service?  8. What is the parked for 4-10 hours of the day?  Neut  7. Do you have any questions or concerns about this new service?	Capitation Payment	
distance from your office, where our vehicle could be parked for 4-10 hours of the day?  Yes  No  Other (please specify)  Neut  7. Do you have any questions or concerns about this new service?  8. What is a specify of the day?  If your questions or concerns are met, would you be interested in this service?	Other (please specify)	
9. If your questions or concerns are met, would you be interested in this service?	ewhat positive ral	O Very negative
service?	it interests you about th	nis new service?
ervice?		//
ervice?		
Yes		
○ No 10. Overall, how	nterested are you in this service	e?
Other (please specify)  Not at all interested - 0 1	2 3 4 5 6	Extremely Interested 7 8 9 -10