

Provider Satisfaction Survey

Dear Provider, _____

Date: _____

We here at ReliaCare are working to continuously grow and improve our relationships with our Network Providers and Payers and therefore, are conducting a short survey. Please help us by taking a few minutes to tell us about the service that you have received so far. We appreciate your business and want to make sure we meet your expectations. Thank you for giving us the opportunity to serve you better

• **How would you rate our customer service / provider relationship?**

Outstanding Satisfied Neutral Fair Poor

• **How satisfied are you with the authorization process?**

Outstanding Satisfied Neutral Fair Poor

• **How would you rate our timely responses to the authorization requests?**

Outstanding Satisfied Neutral Fair Poor

• **Are your issues usually resolved on a one-time call/email?**

Outstanding Satisfied Neutral Fair Poor

• **How pleased are you with our new billing software?**

Outstanding Satisfied Neutral Fair Poor

• **How do you feel about the software training, was it precise and sufficient?**

Outstanding Satisfied Neutral Fair Poor

• **How easy and simple is our software to be used?**

Outstanding Satisfied Neutral Fair Poor

• **How happy are you with the claim status requests via email only?**

Outstanding Satisfied Neutral Fair Poor

In your opinion, do you have any recommendations on how to better service you and improve our vast mutual business relationship? _____