

Premier

Managed Care Services, Inc.

PROVIDER QUALITY IMPROVEMENT SURVEY

RE: Satisfaction Questionnaire

We value your opinion on the quality of services provided to you by Premier. We are committed to providing expert workers' compensation managed care in a timely manner. In order to help us improve, please take a few moments to complete the following questions and return it in the business reply envelope provided or fax it back to us. If you are completing this survey via the Premier website, please click submit after finishing the survey. Thank you for taking the time to help us improve our service to you.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1. My request for treatment was processed timely.	1	2	3	4	5
2. I am satisfied with the treatment approval process.	1	2	3	4	5
3. The staff at Premier Managed Care Services, Inc. was helpful.	1	2	3	4	5
4. The case manager involved provided assistance in my patient's recovery.	1	2	3	4	5
5. Payment for services was obtained in a timely manner.	1	2	3	4	5

Additional comments or suggestions:

Please sign: _____
(Optional) (POR's name) Date

Thank you for completing this questionnaire, your comments are important! Contact Premier if you need further assistance or if you have concerns not listed above.

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