

Premier

Managed Care Services, Inc.

INJURED WORKER QUALITY IMPROVEMENT SURVEY

RE: Satisfaction Questionnaire

Claim #:

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. I received satisfactory medical care and follow-up treatment for my injury. | 1 | 2 | 3 | 4 | 5 |
| 2. I was satisfied with my medical provider (If you circle 4 or 5 please provide name of doctor) | 1 | 2 | 3 | 4 | 5 |
| 3. Premier Managed Care Services Inc. staff was timely, courteous and helpful. | 1 | 2 | 3 | 4 | 5 |
| 4. I was able to call Premier and talk to someone without delay. | 1 | 2 | 3 | 4 | 5 |
| 5. My calls to Premier were returned in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 6. My medical bills were paid in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 7. I am satisfied with my overall experience with my claim. | 1 | 2 | 3 | 4 | 5 |

Additional comments or suggestions:

Please sign:

(Optional)

(Injured workers' 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.

Premier Managed Care Services, Inc.
P.O. Box 609 Lewis Center, OH 43035
Phone (800) 510-4155 Fax (888) 510-4316