

LIBERTY DENTAL PLAN PROVIDER SATISFACTION SURVEY

Provider Name _____	Facility # _____
Office Name _____	

In order to better serve you, we ask for only 10 minutes of your time to complete this survey. We want to know from you what is working, what needs improvement and what you would like to see different.

	<u>NOT SATISFIED</u>			<u>SOMEWHAT SATISFIED</u>			<u>SATISFIED</u>			<u>EXTREMELY SATISFIED</u>	
Value of Plan Administration	1	2	3	4	5	6	7	8	9	10	
Administration of Plan											
-Referral Process	1	2	3	4	5	6	7	8	9	10	
-Encounter Process	1	2	3	4	5	6	7	8	9	10	
-Payment of Claims	1	2	3	4	5	6	7	8	9	10	

MEMBER SERVICE SUPPORT

	<u>NOT SATISFIED</u>			<u>SOMEWHAT SATISFIED</u>			<u>SATISFIED</u>			<u>EXTREMELY SATISFIED</u>	
	1	2	3	4	5	6	7	8	9	10	
Accessibility to Provider Services Rep	1	2	3	4	5	6	7	8	9	10	
Response Time to Requests/Issues	1	2	3	4	5	6	7	8	9	10	
Communication-Effectiveness	1	2	3	4	5	6	7	8	9	10	
Satisfied with Liberty Dental Plan	1	2	3	4	5	6	7	8	9	10	

WOULD YOU RECOMMEND US TO SOMEONE YOU KNOW?

- YES
 YES, but with hesitation
 NO

What are some things you would like to see changed/improved in how we do business
