



Payor Satisfaction Survey

We are interested in knowing how satisfied you are with the services and care provided by our organization. Please complete this survey and submit it to us online or by mail.

Company Name:	Date:
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Respondent Type:	<input type="checkbox"/> Payor <input type="checkbox"/> Provider <input type="checkbox"/> Other: _____
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Dimension	Question	Very satisfied	Somewhat satisfied	Neutral or N/A	Somewhat dissatisfied	Very dissatisfied
Care planning	1. How satisfied are you with the quality of member care coordination provided by InfuCare Rx?	5	4	3	2	1
Documentation	2. Overall, how satisfied are you with InfuCare Rx providing necessary information and documentation?	5	4	3	2	1
Outcomes	3. How would you rate your satisfaction in regards to the InfuCare Rx prior authorization team?	5	4	3	2	1
Communication	4. How satisfied are you with the timeliness of communication from InfuCare Rx?	5	4	3	2	1
Contact	5. How satisfied are you with the ease of contacting InfuCare Rx?	5	4	3	2	1
Claims	6. Overall, how satisfied are you with the billing team at InfuCare Rx and the submission of clean and timely claims?	5	4	3	2	1

7. Did you, for any reason, have to interact with a billing staff member for a claims issue? If so, was the problem resolved in a timely manner and to your satisfaction? Yes No

Provide any details below (optional):

8. Please explain any issues or concerns resulting in a low rating:

9. Do you have other comments, questions, or ways to improve our service?