Health Plan Member Survey

Thank you for completing this survey. We strive to provide you with excellent service. Your candid responses to the following questions will help us serve you better. To help us process this survey more accurately, please use blue or black ink and print clearly in **CAPITAL** letters as shown below.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

Personal Information

Please complete the section below if we may contact you about this survey. If you would like this survey to be anonymous, please leave this section blank and continue on to the next section.

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

– –

Overall Rating:

1. All things considered how satisfied or dissatisfied are you with (health plan)?

○ Very Dissatisfied ○ Dissatisfied ○ Neither Satisfied nor Dissatisfied ○ Satisfied ○ Very

2. Would you recommend (health plan) to your family or friends?

○ Definitely Not ○ Probably Not ○ Probably Yes ○ Definitely Yes

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