

Guaranty/FCL/StarDent (*specify*)

(Please Print)

Provider Satisfaction Survey

DATE _____

NAME _____

POSITION _____

PRACTICE _____

NUMBER OF YEARS IN PRACTICE _____

ATTRIBUTES RATING

On a scale from 1 to 5, please rate Guaranty, FCL, StarDent (*circle applicable company*) on the following attributes.

5 = VERY SATISFIED

1 = VERY DISSATISFIED

CAPITATION SERVICE

	5	4	3	2	1
Timeliness of receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to request/questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLAIMS ADJUDICATION

Timeliness of receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to request/questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ELIGIBILITY VERIFICATION PROCESS

Prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly/Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____

PROVIDER REPRESENTATIVE SERVICE

Friendly/Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily Accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsive to needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEMBER ROSTER MAILOUT (If applicable)

Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Guaranty/FCL/StarDent (*specify*)

Accuracy 5 4 3 2 1

MANAGEMENT

Friendly/Professional

Easily Accessible

Responsive to needs

PROVIDER EDUCATION

Notification about training oppotuntiy

Training offered applicable to specialty

Training schedule flexible

PAYOR AGREEMENTS

Do you understand the benefits of the Guaranty's Benefit Plan? Y N

Do you know which government programs the members visiting your practice are on? Y N

Approximate # of Guaranty Assurance members seen a monthly? Fewer than 10 More than 10

Have you added new employee staff in the past 6 months? Y N

If yes, have new staff members had training about Guaranty? Y N

In general, does you office need a refresher training about the various plan and the benefits available to members? Y N

Does you office have e-mail or internet capabilities? Y N

What aspect of our services do you like the most? _____

What aspect of our services do you like the least? _____

Guaranty/FCL/StarDent (*specify*)

Do you have any other suggestions for improving services? _____

Please indicate your overall satisfaction with Guaranty's dental benefit plans.

5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: Please offer comments on how we could improve our provider services.