



**PROVIDER SATISFACTION SURVEY 2010**

**How Are We Doing?**

In order to better serve you please take a moment to let us know how we are doing. Responses may be kept anonymous if desired.

Provider Name: \_\_\_\_\_

Person Completing Survey: \_\_\_\_\_

Specialty Type:       Primary Care                       Specialist                       Ancillary Care

Specialty: \_\_\_\_\_ County: \_\_\_\_\_

Please use the following scale to respond to each question:

Questions:	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied
Receiving the help you need when you call our Provider Relation Department?				
Receiving adequate Provider Education Training?				
Is the information obtained by Provider Relation Dept about our health plan helpful and understanding?				
Receiving your payments promptly?				
Payments being accurate?				
Receiving the help you need when you call our Customer Service Department?				
Rate the process of obtaining an authorization number over the phone?				
Rate the process of obtaining an authorization number online?				
Overall satisfaction with Florida Health Solution, Corp?				

**Additional Feedback**

We welcome your comments or suggestions on any of the services provided by Florida Health Solution, Corp. Please list any areas in which our service could be improved. Please use the space below:

\_\_\_\_\_

\_\_\_\_\_

Would you like someone to contact you regarding your responses on this survey  would you like to be visited by a Provider Relations Services Representative? **NO**                      **YES**

**Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.**

*PLEASE RETURN THIS SURVEY VIA FAX TO:*

Florida Health Solution, Corp  
Attn: Provider Relations Department

**Fax: (305) 269-2083**