



Provider Satisfaction Survey

We are interested in receiving your feedback about your satisfaction with FloridaCare Health Plans. Please take a few minutes to complete this survey and return it to us. All responses will be kept confidential and anonymous. Thank you for your time.

About You and Your Office

1. Who is completing this survey?

- Physician Office Manager Nurse Other staff

2. What is your preferred method of receiving communications from FloridaCare?

- Mail Telephone Fax Online portal E-mail (please indicate your email address)

General Questions

3. Would you recommend FloridaCare to your patients?

- Yes No

4. Would you recommend FloridaCare to other physicians?

- Yes No

About Departments

How satisfied are you with the following?

	Excellent	Good	Fair	Poor	N/A
A. Finance					
4. Timeliness of capitation payment	<input type="checkbox"/>				
B. Customer Service/ Provider Relations					
5. Process for obtaining member eligibility	<input type="checkbox"/>				
6. Responsiveness and courtesy of the health plan's Provider Relations representatives	<input type="checkbox"/>				
7. Responsiveness and courtesy of Customer Service representatives	<input type="checkbox"/>				
8. Customer Service/Provider Relations overall	<input type="checkbox"/>				
9. Quality of written communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Telephone system overall					
11. Specialist network has an adequate number of specialists to who I can refer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Health Education & Wellness					
12. Satisfaction with Health Education & Wellness programs	<input type="checkbox"/>				

Comments or Concerns

What do you like best about FloridaCare? _____

What do you like least about FloridaCare? _____

What recommendations for improvements do you have for FloridaCare? _____

Date completed: _____