

SAMPLE ONLINE SURVEY

Below is a sample of the individual provider survey Regence members can obtain at myRegence.com. In order for a Regence member to complete the survey below, a provider must have submitted a claim. For each claim submitted, the member has one opportunity to complete the online survey.

To view a sample of this survey online or to view a copy of the facility survey, please see our public *Provider Web Site* at www.or.regence.com/provider.

Required Question*

* Would you recommend this provider to others?

Yes No

* Overall rating of provider care

Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Overall rating of the practice

Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Detailed Survey

Would you like to leave additional feedback?
(i.e., wait time, ease of appointment setup, etc.)

(Insert user screen name), would you like to leave comments on this provider?

Tips on writing feedback

Comment Title:

Pros:

Cons:

Additional Comments: (400 character maximum)

[Submit](#)
[Cancel](#)

APPOINTMENT:

Ease of making this appointment

Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appointment available within a reasonable amount of time

Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Efficiency of the check-in process	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friendliness and courtesy of receptionist	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wait time before receiving attention	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How long did you wait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Less than 15 minutes	16 - 30 minutes	31 - 45 minutes	
	<input type="checkbox"/>	46 minutes or longer			

COMMUNICATION:

Answered your phone calls promptly	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Returned your calls in a timely manner	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ability to contact provider after hours	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THE PROVIDER:

Willingness to listen to your concerns	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taking time to answer your questions	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The thoroughness of the examination	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gave understandable explanations	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The caring and concern of the nurses/medical assistants	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructions regarding medication/follow-up care	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICE FACILITY:

Convenient hours of operation	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overall office comfort	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adequate parking	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>