



NetCare Health

### Customer Satisfaction Survey

Date:

Employer:

In our continuing effort to provide quality customer service to our members, we ask that you complete the survey below. It is our goal to ensure your questions are answered and that your experience with us was a pleasant one. Your participation is completely voluntary and will help us ensure that we at NetCare provide quality customer service to you. Thank you for your time and for choosing NetCare for your health care coverage. *Si Yu'os Ma'ase!*

The main reason for meeting with a customer service representative:

- Complaint
- Claim Reimbursement
- Claim Denial
- Other:

About how long did you have to wait before speaking to a representative?

- I was taken care of immediately
- Within 3 minutes
- 3-5 minutes
- 5-10 minutes
- More than 10 minutes

Do you agree or disagree? The customer service representative handled my issue/need quickly.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

What would best describe what happened?

- Quickly solved the problem
- Had to explain several times
- Had to ask others
- Didn't know how to handle problem
- Problem not resolved
- Other:

This section pertains to the service you received. Please indicate whether you agree or disagree with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The customer service representative I spoke to was courteous, friendly, and patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The customer service representative I dealt with was knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The customer service representative was easy to understand and responsive to my concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The customer service representative was sincere and showed a willingness to assist me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Exceeded Expectations	Met Expectations	Below Expectations	Unsatisfactory
How would you rate the quality of service you received during your visit to NetCare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate your overall experience during your visit at NetCare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were all of your questions answered? Did you leave NetCare satisfied?

- Yes
- No (If no, please tell us what you would like more information on.)

If you have any questions or comments, we would like to hear from you. Please provide us with your name and either contact number or e-mail address below:

Name (optional):

Contact Number (optional):

Email address (optional):

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