



PROVIDER SATISFACTION SURVEY

Date _____

Dear St. Vincent IPA Physician:

St. Vincent IPA is striving to improve the service we provide our physicians. Your input is very important to us. Please complete the following survey with your comments and return it by **Day, Month, Day, Year**. Please check the appropriate response below:

Provider Name: _____ PCP SPC

5=Strongly Agree 4=Agree 3=Neutral 2=Disagree 1=Strongly Disagree

	5	4	3	2	1
1. St. Vincent IPA responds to your calls promptly.					
2. St. Vincent IPA staff answers your questions to your satisfaction.					
3. St. Vincent IPA staff is courteous and helpful when you call.					
4. Your St. Vincent IPA claims are processed in a timely fashion (within 60 days).					
5. Questions regarding claims are handled quickly.					
6. St. Vincent IPA referral forms are user friendly.					
7. Referrals are returned to you timely.					
8. Questions regarding referrals are handled appropriately.					
9. Contracted ancillary providers render acceptable services:					
a. Lab – Unilab/Quest Diagnostic					
b. Physical Therapy – St. Vincent Medical Center					
c.1. Radiology – St. Vincent Radiological Medical Group					
c.2. Radiology – Samaritan Imaging					
d.1. Mammography – St. Vincent Radiological Medical Group					
d.2. Mammography – Samaritan Imaging					

Comments: _____

Please return survey via fax to 562-924-1603

Thank you for your response.