



PROVIDER SATISFACTION SURVEY

The following information will assist us in evaluating the satisfaction level of doctors participating in Integrated-ActivHealthCare's (I-AHC's) network. Providing a quality chiropractic managed care program on behalf of I-AHC doctors as well as clients are our highest goals. Please take a few moments to answer the following questions regarding your experience as an I-AHC doctor. Your time and prompt response are greatly appreciated.

Doctor Name _____ Completed By: _____

Telephone _____ May we contact you if we have questions? _____

1. Have you ever seen an I-AHC patient? _____
2. Are you familiar with I-AHC clients? _____
3. Do you feel you are kept adequately informed regarding I-AHC news? _____
4. Have you ever contacted the I-AHC Provider Relations Department? _____
5. If yes, was the staff courteous, knowledgeable and helpful? _____
6. If follow-up or a response was required, was it received within an acceptable time-frame? _____
7. Are you familiar with I-AHC's claims filing process? _____
8. Have you ever called I-AHC's Claim's department? _____
9. If yes, was the staff friendly, courteous and knowledgeable? _____
10. If follow-up or a response was required, was it received within an acceptable time-frame? _____
11. Have you ever called I-AHC's Utilization Management (UM) department? _____
12. If yes, was the staff friendly, courteous and knowledgeable? _____
13. If follow up or a response was required, was it received within an acceptable time-frame? _____
14. For I-AHC patients, over the past three months, have you been receiving payment in a timely manner? If no, please explain. _____

15. Do you have any comments/suggestions or concerns regarding your participation and/or experience as an I-AHC doctor? _____

Please complete and fax to: (770) 455-6188
Integrated-ActivHealthCare, Inc., P.O. Box 969, Lilburn, GA 30048
If you have any questions or concerns you would like to discuss,
please call our Provider Relations Department at (866) 374-9558.