

CEO-Risk Management Division

ANNUAL DIVISION SURVEY

Please take a moment of your time to respond to the following questions and return to the CEO-Risk Management Division Disability Management Unit

Please answer the following questions and rate the level of services provided. Use the space provided at the end of this survey for additional comments.

1. Overall, I am satisfied with my experience.

◆ strongly agree agree neutral disagree strongly disagree not applicable

2. Are we well organized? {upon your most recent contact-regardless of whether you agree or disagree with an outcome}

◆ **Service was provided in a prompt and timely manner.**

strongly agree agree neutral disagree strongly disagree not applicable

◆ **It was easy to do business with:**

strongly agree agree neutral disagree strongly disagree not applicable

3. Are we well mannered? {this includes initial greetings and willingness to help}

◆ **I was treated with respect.**

strongly agree agree neutral disagree strongly disagree not applicable

◆ **I felt listened to and my questions were clearly addressed.**

strongly agree agree neutral disagree strongly disagree not applicable

4. Are we Effective? {these responses will help identify the level of service we provided}

◆ **I received the service and/or information that I needed.**

strongly agree agree neutral disagree strongly disagree not applicable

◆ **I was satisfied with the services and/or information I received.**

strongly agree agree neutral disagree strongly disagree not applicable

5. Are we Knowledgeable? {did the staff person who assisted you seem to be well informed?}

◆ **Staff was able to answer my questions, or directed me to the person who could.**

strongly agree agree neutral disagree strongly disagree not applicable

◆ **How important to YOU are our core areas?**

{Please tell us how important you think our core values are}

Well Organized very important important somewhat important not important

Well Mannered very important important somewhat important not important

Effectiveness very important important somewhat important not important

Knowledge very important important somewhat important not important

Other very important important somewhat important not important

Medical Care

(Workers' Compensation Satisfaction Survey)

1. **Name of facility providing medical treatment:** (Please check one)

- | | |
|--|---|
| <input type="checkbox"/> California Occupational Physician | <input type="checkbox"/> Sutter Gould Medical Group |
| <input type="checkbox"/> Kaiser Occupational | <input type="checkbox"/> US Healthworks |
| <input type="checkbox"/> Memorial Prompt Care | <input type="checkbox"/> Other: _____ |

Name of physician who provided medical evaluation or treatment:

Please circle the number that best describes how satisfied you were with each of the following:

2. **Amount of time you spent in the waiting room:**

- excellent good average fair poor not applicable

3. **Appearance and cleanliness of office/clinic:**

- excellent good average fair poor not applicable

4. **Amount of time the doctor gave you to describe your injury/illness:**

- excellent good average fair poor not applicable

5. **Amount of time the doctor spent examining you:**

- excellent good average fair poor not applicable

6. **Doctors explanation of any limitations (what you could or could not do because of your injury/illness):**

- excellent good average fair poor not applicable

7. **Overall, how satisfied are/were you with medical care?**

- excellent good average fair poor not applicable

Comments: _____

Acclamation Insurance Management Services (AIMS)

(Workers' Compensation Satisfaction Survey)

Claims Process/Handling:

1. What concerned you most about how your injury/illness was handled?

2. Please comment on any interaction you had with our Third Party Administrator, AIMS:

Please circle the name of your Claims Examiner:

Louanne Nourse

Michelle McClain

Lonna Gonzalez

Karen Jellison

Other _____

3. Please rate their service to you. (Please circle your rating)

excellent good average fair poor not applicable

4. How did you feel about any correspondence received related to your claim?
