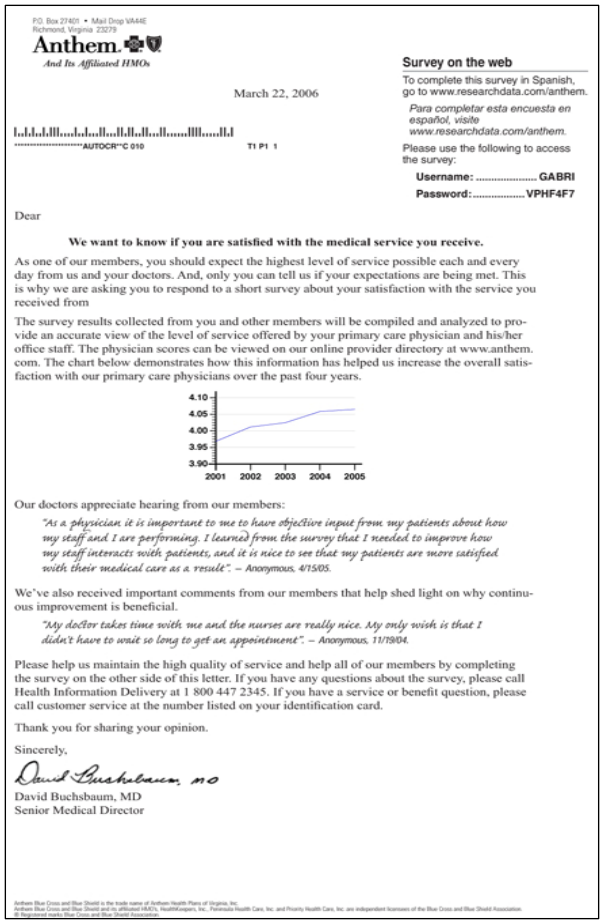
Sample Application-Survey



P.O. Box 27401 • Mail Drop VA44E
Richmond, Virginia 23279

Anthem
And Its Affiliated HMOs

March 22, 2006

AUTOCR**C 010 TI P1 1

Survey on the web

To complete this survey in Spanish, go to www.researchdata.com/anthem.

Para completar esta encuesta en español, visite www.researchdata.com/anthem.

Please use the following to access the survey:

Username: ..... **GABRI**
Password: **VPHF4F7**

Dear

We want to know if you are satisfied with the medical service you receive.

As one of our members, you should expect the highest level of service possible each and every day from us and your doctors. And, only you can tell us if your expectations are being met. This is why we are asking you to respond to a short survey about your satisfaction with the service you received from

The survey results collected from you and other members will be compiled and analyzed to provide an accurate view of the level of service offered by your primary care physician and his/her office staff. The physician scores can be viewed on our online provider directory at www.anthem.com. The chart below demonstrates how this information has helped us increase the overall satisfaction with our primary care physicians over the past four years.

Our doctors appreciate hearing from our members:

"As a physician it is important to me to have objective input from my patients about how my staff and I are performing. I learned from the survey that I needed to improve how my staff interacts with patients, and it is nice to see that my patients are more satisfied with their medical care as a result". – Anonymous, 4/15/05.

We've also received important comments from our members that help shed light on why continuous improvement is beneficial.

"My doctor takes time with me and the nurses are really nice. My only wish is that I didn't have to wait so long to get an appointment". – Anonymous, 11/19/04.

Please help us maintain the high quality of service and help all of our members by completing the survey on the other side of this letter. If you have any questions about the survey, please call Health Information Delivery at 1 800 447 2345. If you have a service or benefit question, please call customer service at the number listed on your identification card.

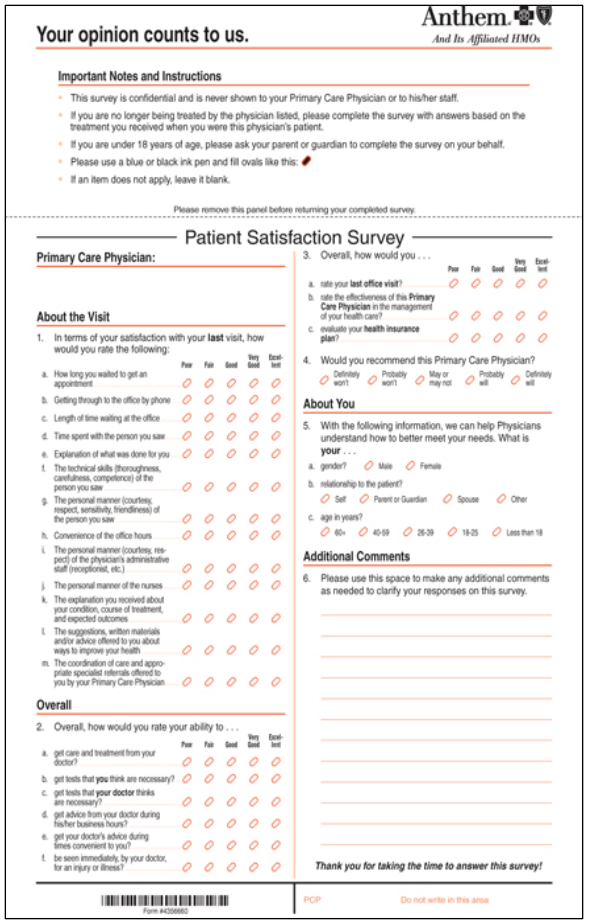
Thank you for sharing your opinion.

Sincerely,

David Buchsbaum, MD

David Buchsbaum, MD
Senior Medical Director

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. Anthem Blue Cross and Blue Shield and its affiliated HMOs, HealthKeepers, Inc., Peninsula Health Care, Inc. and Priority Health Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. ® Registered marks: Blue Cross and Blue Shield Association.



Your opinion counts to us.

Anthem
And Its Affiliated HMOs

Important Notes and Instructions

- This survey is confidential and is never shown to your Primary Care Physician or to his/her staff.
- If you are no longer being treated by the physician listed, please complete the survey with answers based on the treatment you received when you were this physician's patient.
- If you are under 18 years of age, please ask your parent or guardian to complete the survey on your behalf.
- Please use a blue or black ink pen and fill ovals like this: ●
- If an item does not apply, leave it blank.

Please remove this panel before returning your completed survey.

Patient Satisfaction Survey

Primary Care Physician:

About the Visit

1. In terms of your satisfaction with your **last** visit, how would you rate the following:

	Poor	Fair	Good	Very Good	Excellent
a. How long you waited to get an appointment	○	○	○	○	○
b. Getting through to the office by phone	○	○	○	○	○
c. Length of time waiting at the office	○	○	○	○	○
d. Time spent with the person you saw	○	○	○	○	○
e. Explanation of what was done for you	○	○	○	○	○
f. The technical skills (thoroughness, carefulness, competence) of the person you saw	○	○	○	○	○
g. The personal manner (courtesy, respect, sensitivity, friendliness) of the person you saw	○	○	○	○	○
h. Convenience of the office hours	○	○	○	○	○
i. The personal manner (courtesy, respect) of the physician's administrative staff (receptionist, etc.)	○	○	○	○	○
j. The personal manner of the nurses	○	○	○	○	○
k. The explanation you received about your condition, course of treatment, and expected outcomes	○	○	○	○	○
l. The suggestions, written materials and/or advice offered to you about ways to improve your health	○	○	○	○	○
m. The coordination of care and appropriate specialist referrals offered to you by your Primary Care Physician	○	○	○	○	○

Overall

2. Overall, how would you rate your ability to . . .

	Poor	Fair	Good	Very Good	Excellent
a. get care and treatment from your doctor?	○	○	○	○	○
b. get tests that **you** think are necessary?	○	○	○	○	○
c. get tests that **your doctor** thinks are necessary?	○	○	○	○	○
d. get advice from your doctor during his/her business hours?	○	○	○	○	○
e. get your doctor's advice during times convenient to you?	○	○	○	○	○
f. be seen immediately, by your doctor, for an injury or illness?	○	○	○	○	○

3. Overall, how would you . . .

	Poor	Fair	Good	Very Good	Excellent
a. rate your **last office visit**?	○	○	○	○	○
b. rate the effectiveness of this **Primary Care Physician** in the management of your health care?	○	○	○	○	○
c. evaluate your **health insurance plan**?	○	○	○	○	○

4. Would you recommend this Primary Care Physician?

○ Definitely won't ○ Probably won't ○ May or may not ○ Probably will ○ Definitely will

About You

5. With the following information, we can help Physicians understand how to better meet your needs. What is **your** . . .

a. gender? ○ Male ○ Female

b. relationship to the patient?

○ Self ○ Parent or Guardian ○ Spouse ○ Other

c. age in years?

○ 60+ ○ 40-59 ○ 26-39 ○ 18-25 ○ Less than 18

Additional Comments

6. Please use this space to make any additional comments as needed to clarify your responses on this survey.

Thank you for taking the time to answer this survey!

Form #4C056682

PCP

Do not write in this area