



PROVIDER SATISFACTION SURVEY

The Premier Provider Network, Inc. (PPNI) is conducting a survey of its performance. In an effort to improve our provider support services we are asking for your assistance. Your feedback is important to us and very much appreciated!

Provider Name:		Telephone #: ()	
Address:	City:	State:	Zip:
Tax ID #:	PPNI # (if known):	Facsimile #: ()	

COMMUNICATION WITH PPNI

Please rate your communication experience with PPNI.

The effort required to establish contact with a PPNI representative was:

- Excellent Very Good Good Fair Poor

The professionalism of the PPNI representative was:

- Excellent Very Good Good Fair Poor

The timeliness of receipt of the requested information was:

- Excellent Very Good Good Fair Poor

The readability and helpfulness of printed materials is:

- Excellent Very Good Good Fair Poor

What other information would be helpful to your practice or what additional information would you like to receive?

CREDENTIALING

Please rate your credentialing experience:

- Excellent Very Good Good Fair Poor

How long did it take for your application to become approved?

- < 3 months 3 – 6 months > 6 months

How long did it take to receive an executed copy of your Agreement with Implementation Materials?

- < 3 months 3 – 6 months > 6 months

REFERRALS

Do you use our “800” provider locate number (800) 323-4057?

- Yes No

If so, please rate your experience:

- Excellent Very Good Good Fair Poor

Did you use our on-line provider look up for referral purposes?

- Yes No

If so, please rate your experience:

- Excellent Very Good Good Fair Poor

WEB SITE

How often do you or your staff use PPNI’s web site (www.ppnusa.com)?

- Every day 1+ times per week > 1+ time per month

Is the site easy to navigate?

- Yes No

The readability and helpfulness of the site’s information is:

- Excellent Very Good Good Fair Poor

What other information or tools would be helpful to your practice and its staff?

CONCERNS/GRIEVANCES

Are you aware of the procedure through which complaints can be submitted?

- Yes No

If not, are you interested in receiving this information?

- Yes No

If you have filed a complaint with us, was it dealt with promptly?

- Yes No

Thank you for taking the time to complete this survey. To streamline communication in the future, please provider your office email address. *This is for internal use only.*

**Once complete, please return via facsimile to (713) 414-4953 or mail to:
The Premier Provider Network, Inc. (PPNI)
11111 Richmond Avenue, Suite 243
Houston, Texas 77082**