**FORMAT FOR CUSTOMER’S SATISFACTION SURVEY**

* Policy Number: -----
* Insured Name: -------
* Patient Name: -------
* TPA Name: ----------
* Hospital Name: -------
* Period of Hospitalisation: -------

**Questionnaire: (Tick Yes or No)**

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No | Particular | Yes | No |
| 1. | Whether you have received Policy/TPA cards with Guidebook with phone, fax & toll free number and list of hospitals in time? |  |  |
| 2 | Whether you have used the Call Centre services of the TPA? If yes, If you were satisfied with the response given by call centre executive of the TPA? |  |  |
| 3 | Whether the hospitals acknowledged the TPA card and provided treatment desired by you? |  |  |
| 4 | Whether you have received hassle free and in timepre-authorisation of Cash less services by the TPA? |  |  |
| 5 | Whether you have paid for procedures per PPN package to the Hospital if the treatment was taken in a PPN Hospital |  |  |
| 6 | Did you receive any letter from TPA informing the deficiencies, if any in the documents submitted by you in time? |  |  |
| 7 | Whether you have received the reimbursement claim by the TPA in time? |  |  |
| 8 | Are you satisfied with the services provided by the TPA in all? |  |  |

**Evaluation & Rating:**

You may rate the Customer Satisfaction by rating the feedback on the following scale

1 to 2 -- Poor /

3 to 4 -- Satisfactory / Satisfied

5 to 6 -- Very satisfactory / Very Satisfied

7 to 8 -- Highly Satisfactory / Highly satisfied

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