



PROVIDER NAME _____ TAX ID _____

ADDRESS _____

IPA AFFILIATION (if applicable) _____

USA Managed Care Organization is conducting a study on its performance in select areas. In an effort to improve our performance, we are asking for your feedback on these issues.

CREDENTIALING

Rate the credentialing experience.

- Excellent Very Good Good Fair Poor

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

- < 3 months 3-6 months > 6 months

COMMUNICATION WITH USA

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

- Excellent Very Good Good Fair Poor

The timeliness of receipt of 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 you like to receive?

REFERRALS

Did you use our “800” provider locate number?

- Yes No

If so, please rate your experience.

- Excellent Very Good Good Fair Poor

WEB SITE

Are you aware of USA's web site (www.usamco.com)?

- Yes No

If so, 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 would you like to see there that may be helpful to yourself and others?

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 Not Applicable

Thank you for taking the time to complete this survey. To streamline communication in the future, please provide your office e-mail address. Note: This information is for internal use only.

E-Mail Address: _____

ADDITIONAL COMMENTS <hr/> <hr/> <hr/>

Once complete, please return to info@usamco.com, or fax to (512) 306-1921, or mail to

USA MCO
Attn: Provider Relations
1250 S. Capital of Texas Hwy, Bldg 3-500
Austin, TX 78746