



(Fillable Form)

Provider - Last Name	Provider - First Name	NPI#	TIN		
Address	City	ST	Zip	Phone	
Name of Person Completing Survey (if different)		Title	Email		

Provider Satisfaction Survey

USA Workers Injury Network is conducting a survey on its performance in select areas. In an effort to improve our performance, we are asking for your feedback on these issues.

***PLEASE SELECT ONLY ONE RESPONSE THAT MOST CLOSELY REFLECTS YOUR LEVEL OF SATISFACTION IN THE FOLLOWING AREAS:**

How satisfied are you with the following?	Extremely Satisfied	Very Satisfied	Satisfied	Very Dissatisfied	Extremely Dissatisfied
OVERALL SATISFACTION					
How would you rate the overall performance of USA WIN?	5	4	3	2	1
Would you recommend other Providers join the network?	5	4	3	2	1
The USA WIN provider network is adequate?	5	4	3	2	1
PROVIDER RELATIONS AND CREDENTIALING					
The USA WIN Provider Relations Credentialing Staff were friendly and knowledgeable?	5	4	3	2	1
How would you rate the service you received from the Provider Relations Department?	5	4	3	2	1
Application process and length of time to be approved?	5	4	3	2	1
COMMUNICATION					
The effort required to establish contact with a USA WIN Representative?	5	4	3	2	1
The timeliness of receipt of requested information?	5	4	3	2	1
The readability and helpfulness of printed materials?	5	4	3	2	1
REFERRALS					
If you used our '800' provider locate number please rate your experience?	5	4	3	2	1
If you used USA WIN's website how easy was it to navigate?	5	4	3	2	1
How would you rate the overall referral process?	5	4	3	2	1
CONCERNS/GRIEVANCES					
If you filed a complaint with us, was it dealt with promptly?	5	4	3	2	1
If yes, was your complaint resolved to your satisfaction?	5	4	3	2	1
Procedures to file a complaint were easy to follow?	5	4	3	2	1



ADDITIONAL COMMENTS:

Thank you for taking the time to complete this survey.

*****INFORMATION IS FOR INTERNAL PURPOSES ONLY*****

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

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