

TDEFIC Customer Service Survey - IVR

According to the Privacy Act of 1974, the Department of Defense is required to inform you of the purposes and use of this survey. The survey aims to assess provider satisfaction, attitude and perceptions regarding claims processing and customer services by Wisconsin Physician Services for the TRICARE Dual Eligible Fiscal Intermediary. Answering the questions is completely voluntary. You may skip any questions you do not want to answer and you can stop at anytime. There is no penalty if you choose not to participate. Your answers will be protected to the extent provided by the law. However, maximum participation is encouraged so that data will be as complete and representative as possible.

Provider Survey: On a scale of "1" (Poor) to "5" (Excellent)

- 1) Was the representative courteous and professional?
- 2) Please rate the representatives listening skills?
- 3) Was the answer to your question clear and understandable?
- 4) Do you believe the answer to your question was accurate?
- 5) Was the representative knowledgeable on the topic(s) discussed?
- 6) Did the representative answer your question(s) promptly?
- 7) How would you rate the overall service you received?

TDEFIC Claims / Overall Service Survey – Mailed

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Provider Survey:

1. Please rate our performance on a scale from “1” (Poor) to “5” (Excellent) in each of the following service areas:

- 1) Are your TRICARE claim(s) processed timely?
- 2) Are your TRICARE claim(s) processed accurately?
- 3) How would you rate Customer Service Accessibility?
- 4) How would you rate Customer Service response time?
- 5) Do you believe the TRICARE Explanation of Benefits is clear and understandable?
- 6) How would you rate your overall service?

2. Comments: _____

3. Would you like someone from TDEFIC Customer Service to contact you about any concerns you may have?

No Yes If Yes, Name _____
If Yes, Daytime Phone # _____