

# Proposed Phone Script for Interactive Voice Response (IVR) Customer Satisfaction Survey Questions

## GREETING

We appreciate your participation in this survey about the customer service you just received. Your answers will be used to improve 1-800 MEDICARE customer service.

Your participation is voluntary and your answers will be treated as confidential. This call may be monitored for quality purposes.

**NOTE:** The actual IVR survey will consist of 15-30 of the following questions.

## CLOSING

Thank you for contacting 1-800 MEDICARE and for taking the time to answer these questions. Your answers will be used to help improve 1-800 MEDICARE services. Have a nice day. Good-bye”

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0919. The time required to complete this information collection is estimated to average 9 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.