

Prior to connecting to a Claims Examiner

Would you be interested in taking our short five question customer service survey? If so, please press 1 now and remain on the line after the call.

Survey Introduction

Thank you for agreeing to take our survey! This survey should take approximately two minutes to complete. All questions are multiple-choice, and you may press the appropriate key at any time after hearing the question. Please do not respond on the basis of your satisfaction with the outcome of a claim. The Office of Management and Budget has approved this survey under control number 1225-0088 for use through XX/XX/XXXX. A Federal agency cannot conduct a survey without such approval.

Longshore Program

- 1. What is your role in connection to the Longshore program?**
 - Injured Worker
 - Representative for Injured Worker
 - Employer, Carrier, or TPA
 - Representative for Employer or Carrier

- 2. Please select the option that best describes the reason you called us today.**
 - You are responding to a DOL letter
 - You are calling to report a dispute on a case
 - You are calling to ask a DOL employee a question

- 3. Please select the option that best describes the issue about which you are calling.**
 - Dispute regarding medical bill or treatment authorization
 - Dispute regarding the injured worker's pay or wage loss compensation
 - Inquiry on an 8i settlement application
 - To request or follow up on a request for an informal conference
 - Other General Inquiry

- 1. Based on the service provided to you today, which, if any, of the following areas are there opportunities for improvement?**
 - General customer service and courteousness or timeliness
 - Technical Training, such as the Longshore Act and its regulations and procedures
 - Improve language in correspondence
 - None

- 2. Overall, how satisfied were you with the service provided to you today?**
 - Very satisfied
 - Somewhat satisfied
 - Neutral
 - Somewhat dissatisfied
 - Very dissatisfied

Energy Program

- 1. What is your role in connection to the Energy program?**
 - Claimant
 - Authorized Representative or Claimant Advocate
 - Physician
 - Other Medical Provider

- 2. What was the reason for your call?**
 - In response to a Development Letter
 - To obtain status of request for pre-authorization for medical services
 - To ask a billing question
 - To obtain status of Recommended or Final Decision
 - To obtain status of Compensation Payment

- 3. Based on the service provided to you today, which, if any, of the following areas are there opportunities for improvement?**
 - General customer service and courteousness or timeliness
 - Technical Training, such as the Energy Program's regulations and procedures?
 - Improve language in correspondence
 - None

- 4. Overall, how satisfied were you with the service provided to you today?**
 - Very satisfied
 - Somewhat satisfied
 - Neutral
 - Somewhat dissatisfied
 - Very dissatisfied

- 5. Has this office ever denied you a benefit?**
 - Yes
 - No

FECA Program

- 1. What is your role in connection to the FECA program?**

- Claimant or injured worker
 - Employer
 - Injury Compensation Specialist or Treatment Provider
 - Other
- 2. What was the reason for your call?**
- Acceptance or Denial
 - Compensation Payments
 - Bill Payment
 - Medical Authorization
- 3. Based on the service provided to you today, which, if any, of the following areas are there opportunities for improvement?**
- General customer service
 - Technical Training, such as the FECA Program's regulations and procedures
 - Improve language and correspondence
 - None
- 4. Overall, how satisfied were you with the service provided to you today?**
- Very satisfied
 - Somewhat satisfied
 - Neutral
 - Somewhat dissatisfied
 - Very dissatisfied
- 5. Has this office ever denied you a benefit?**
- Yes
 - No

Black Lung Program

- 1. On a scale of one to five, with one being very dissatisfied and five being very satisfied, how satisfied were you with the timeliness of the response provided to you today?**

- Very dissatisfied
- Somewhat dissatisfied
- Neither satisfied or dissatisfied
- Somewhat satisfied
- Very satisfied

2. On a scale of one to five, with one being very dissatisfied and five being very satisfied, how satisfied were you with the professionalism of the individual who assisted you today?

- Very dissatisfied
- Somewhat dissatisfied
- Neither satisfied or dissatisfied
- Somewhat satisfied
- Very satisfied

3. On a scale of one to five, with one being very dissatisfied and five being very satisfied, how satisfied were you with the knowledge of the individual who assisted you today?

- Very dissatisfied
- Somewhat dissatisfied
- Neither satisfied or dissatisfied
- Somewhat satisfied
- Very satisfied

4. If you have filed a claim please indicate the current status of your claim.

- Approved
- Denied
- No Decision
- Not applicable
- Do Not Know

5. Overall, how satisfied were you with the service provided to you today?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

Thank you very much for your help in making the Office of Workers' Compensation Programs serve you better. If you have specific comments about how we might improve this survey or our service, please call the office you have just contacted. Have a nice day.